

# AFC

**Service Code: AFC**

**Service DSPD Adult Foster Care**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

The purpose of this service is to provide an adult with disabilities the opportunity to reside in a small residential setting. In a family atmosphere, while developing independent living skills.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Daily       | \$6.64      |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$15.92         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 07/01/1991         | \$13.84         | 07/01/2000            |
| Daily       | COLA           | 08/08/2001         | \$14.35         | 07/01/2001            |
| Daily       | COLA           | 07/09/2002         | \$14.99         | 07/01/2002            |
| Daily       | COLA           | 09/09/2004         | \$15.49         | 07/01/2004            |
| Daily       | COLA           | 07/12/2005         | \$15.92         | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| SG                 | SELF DETERM NON-MEDICAID  |

## AGE

**Service Code: AGE**

**Service Senior Supports**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

### **Description:**

Senior Supports are provided to older individuals, or individuals who because of medical problems or physical disabilities have needs that closely resemble those of an older person, who desire a lifestyle consistent with that of the community's population of similar age or circumstances. These supports serve the purpose of facilitating community inclusion and preventing social isolation. Senior Supports consist of a variety of activities that are designed to assist the individual in maintaining skills and stimulating social interactions with others. The activities are individualized and may occur in any community setting, including the individual's place of residence, in accordance with the individual's stated choice and the objectives of the individual's support plan relating to community integration and prevention of social isolation.

### **USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Daily              | \$137.46           |

### **Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

### **Service Code**

#### **Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

#### **Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to senior and day supports as well as all applicable licensing and certification requirements.

#### **Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

#### **Record Keeping**

Treatment and service requirements are documented in the individual's plan.

#### **SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

#### **Staff to Client Ratios**

Staff to client ratios are established in the individual's Day Supports Worksheet.

#### **Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
Policy 2-7 Procedures 1-6 inclusive  
Rule R539-8-2  
Policy 2-8 pertaining to Senior Supports

## **Tx/Serv Requirement**

Senior Supports are provided to older individuals, or individuals who because of medical problems or physical disabilities have

**Name:** needs that closely resemble those of an older person, who desire a lifestyle consistent with that of the community's population of similar age or circumstances. These supports serve the purpose of facilitating community inclusion and preventing social isolation.

Senior Supports consist of a variety of activities that are designed to assist the individual in maintaining skills and stimulating social interactions with others. The activities are individualized and may occur in any community setting, including the individual's place of residence, in accordance with the individual's stated choice and the objectives of the individual's support

## **Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Senior Supports are listed in the Day Supports Worksheet (Attachment E).

**Service Code: APP****Service Authorized Psychological Payment****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Service is for Psychologists to perform Eligibility Evaluations, and Court- Ordered Evaluations (including Exception from Death Penalty Evaluations) for criminal defendants for the purpose of determining competency pursuant to Utah Law, and for court appearances and testimony as requested or required.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Personal Need      | \$1,500.00         |
| Hourly             | \$60.00            |
| Session            | \$700.00           |
| Quarter hour       | \$15.00            |

***BCM Maximum Allowable Rate (MAR)***

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Personal Need      | \$1,529.27             |
| Session            | \$754.34               |
| Quarter hour       | \$15.29                |
| Hourly             | \$62.86                |

***BCM Rate Actions***

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Hourly             | Initial Review       | 07/16/2003                | \$60.00                | 07/01/2003                   |
| Quarter hour       | Initial Review       | 07/16/2003                | \$15.00                | 07/01/2003                   |
| Session            | Initial Review       | 07/16/2003                | \$720.00               | 07/01/2003                   |
| Personal Need      | Initial Review       | 07/16/2003                | \$1,500.00             | 07/01/2003                   |
| Quarter hour       | COLA                 | 09/13/2004                | \$15.29                | 07/01/2004                   |
| Hourly             | COLA                 | 09/13/2004                | \$61.17                | 07/01/2004                   |
| Session            | COLA                 | 09/13/2004                | \$734.05               | 07/01/2000                   |
| Personal Need      | COLA                 | 09/13/2004                | \$1,529.27             | 07/01/2004                   |
| Hourly             | COLA                 | 07/12/2005                | \$62.86                | 07/01/2005                   |
| Session            | COLA                 | 07/12/2005                | \$754.34               | 07/01/2005                   |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

## ***Service Code***

### ***Name: Other***

General Description: Contractors will be conducting various court ordered evaluations of defendants pursuant to the requirements of Utah Law and include a clinical opinion that addresses the type of evaluation ordered and provides the court with a conclusion as to whether or not the defendant meets the criteria established by the statute

Service Requirements: Evaluations are completed on defendants ordered to the DHS/DSPD by the district courts. The evaluations are completed in a timely fashion with results made available to the court, prosecuting attorney, defense attorney, and DHS/DSPD in writing per the law. Individuals performing evaluations under contract by DHS/DSPD may have to appear in court when so directed by the court.

### ***Contractor Qualifications***

The Contractor must have a doctorate from an accredited college or university, must be licensed as a Psychologist, and must have prior experience (at least 3 years) in mental health assessment and evaluation and specific experience (at least one year) in the assessment and diagnosis of mental retardation. Experience in forensic evaluations is desired. The contractor must be familiar with, understand and focus on the relevant legal issues pertaining to the particular type of evaluation ordered by the court. Contractors may also be required to provide testimony in court when so directed.

### ***Population Served***

Eligibility Evaluations: Persons over six years of age, referred for assessment who may have mental retardation or similar developmental disabilities and who may require the level of care provided in a nursing facility (according to Utah Administrative Rule R414-502-3). For children six years or younger, a developmental assessment will be requested. Reference: Eligibility and Intake for Developmental Disability Supports: DHS/DSPD Policy 2-1, Utah Code 62a-5-101, Rule R539-1-1 and R539-1-2.

Court Ordered Evaluations: Defendants for whom an evaluation(s) has been ordered by a district court. Defendants may be housed in a community jail, a regional correctional facility, the Utah State Hospital, the Utah State Development Center, or in

### ***Staff to Client Ratios***

Psychological evaluations will be on a one to one (1:1) basis, a parent or guardian may be present as applicable or appropriate.

### ***Staff Training***

All contractors and staff will be required to attend mandatory training when the need is determined by DHS/DSPD

### ***Outcome Requirements***

Evaluations completed on defendants ordered to DHS/DSPD by the district courts will be completed in a timely fashion with results made available to the court, the prosecuting attorney, and DHS/DSPD in writing within the time frames established by law. The evaluations will include a clinical opinion that addresses the type of evaluation ordered and provides the court with a conclusion as to whether the defendant meets the criteria established by the statute. Individuals performing the evaluations may have to appear in court when so directed by the court.

### ***Rate***

Various evaluations, depending on the need will be administered. Estimates are for six to nine hours for the basic psychological competency to stand trial evaluation, the psychological restoration evaluation of competency to stand trial, and psychological evaluation of diminished capacity at the time of the crime. Estimates of eight to twelve hours for the psychological evaluation for competency in a capital crime or death penalty situation. Hours may vary but those in excess of the above estimates must be pre-approved by the DSPD Region Director.

Eligibility evaluations Hourly \$60.00 per Hour.

Court appearances: One quarter of hourly rate.

**Service Code: BA1****Service Behavior Analyst I****Creation Date:** 4/15/2003**Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Agencies Using Code**

DSPD

***Description:***

Behavior Analyst I will address behavior problems for people with disabilities by providing individual behavioral consultation with families. DSPD will manage the referral and management oversight of all contracts resulting from an Request for Proposal. Contractors must agree through the proposal and contract process to permit DSPD to work one on one with the Behavior Analyst of record. Contractors are referred clients through the DSPD Behavior Analyst Coordinator or designated region staff.

Behavior Analyst I will focus on clients with mental retardation or developmental disabilities. These clients problems may be emerging., annoying worrisome objectionable, singular but not dangerous. The problems may interfere with learning or social relationships. Inventory Client Agency Plan (ICAP): 0 to -35; Needs Assessment: 0, 1, 2, or 3

The Behavior Analyst I will provide individual behavioral consultation with families and/or staff who support a person with identified behavior problems. These consultations will focus on singular, emerging problems, not involved or (complex) or dangerous. The behavior at this time will have no impending crisis. The family may have no special needs/ issues beyond skill training and consultation Parents will be able to coordinate with school, agencies, and others as needed.

The Behavior Analyst I will conduct Functional Behavior Assessments that are brief and straight forward based on interviews and observation, singular in target and function and primarily learned problems, not complicated with multiple organic or dual diagnosis issues.

Behavior Support Plans are required for all clients and will be multi-elemental plans with a positive focus. The Behavioral Analyst I will design Behavior Support Plans, train families and/or staff on Behavior Support Plans, evaluate the effectiveness of the Behavior Support Plans, and make adjustments in the plans as needed. Behavior Support Plans will be brief and straightforward and contain positive interventions only. Interventions will be of a educational nature and focus on skill development and prevention procedures based on the principles of applied behavior analysis. The focus will be on prevention and replacement behaviors including communication skills.

The Behavior Analyst I will provide Evaluation Summaries that are brief, straightforward and rely more on general observations or subjective assessment information.

The Behavior Analyst I will be required to be mentored by a Behavior Analyst III during the contract period and time spent being

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Hourly      | \$36.26     |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Hourly      | \$37.99         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Hourly      | Initial Review | 05/01/2003         | \$36.26         | 05/01/2003            |
| Hourly      | COLA           | 07/01/2004         | \$36.97         | 07/01/2004            |
| Hourly      | COLA           | 08/22/2005         | \$37.99         | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |

SG

SELF DETERM NON-MEDICAID

***Name: Service Code*****Population Served**

The individuals served under this RFP, will meet and be served under DHS/DSPD State General Fund Eligibility Guidelines. All individuals served will have special behavioral needs such as aggression, self-injurious, property destruction, non-compliance, eating and toileting problems and fall within one of the following categories:

- a. Client is found eligible under the DHS/DSPD eligibility criteria and is in service or is on the DHS/DSPD waiting list. mentored will not be paid time.
- b. Individuals of all ages are eligible for this service.
- c. Is currently receiving supports from DHS/DSPD
- d. Individuals currently living at the Utah State Developmental Center.

Services will be provided at the person's home or other naturally occurring environment in the community.

**Contractor Qualifications**

Behavior Analyst Is must agree to be actively engaged in training provided by DHS/DSPD, and/or engaged in course work and/or work experience that will meet Behavior Analyst Certification Board requirements while under contract with DHS/DSPD.

All educational requirements must be obtained from a United States or Canadian institution of higher education fully or provisionally accredited by regional, state, provincial or national accrediting body; or institution of higher education located outside the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States. One semester credit is equivalent to 15 hours of instruction and one-quarter credit is equivalent to 10 hours of instruction.

Behavior Analyst I/Bachelor's Level (may have a, b, or c below)

- a. Board Certified Behavior Analyst BCBA
- b. Board Certified Associate Behavior Analyst BCABA equivalent training and experience.  
Coursework Requirements: 90 hours undergraduate classroom instruction covering basic principles of behavior analysis, the application of these basic principles, and ethical issues related to the delivery of behavior analysis programs, and Experience requirements. Competition of no less than 12 months of paid experience including designing, implementing, and overseeing the behavior analysis programs for people. The experience shall include at least 20 hours per week. BACB supervision is not required.
- c. Masters degree in a related field but without the required training and experience for a masters level BCAB. The Behavior analyst1 will be required to be mentored by a Behavioral Analyst 111 during the contract period and time spent being mentored will not be paid time.

**Staff Training**

Behavior Analyst I's must agree to be actively engaged in training provided by DHS/DSPD, and/or engaged in course work and/or work experience that will meet Behavior Analyst Certification Board requirements while under contract with DHS/DSPD.

**Record Keeping**

Special Record Keeping Requirements

Administrative Records will be maintained by the Contractor, with a copy of Functional Assessments, Behavior Plan and, Summary and Evaluation forwarded to the Region Office. The contractor will develop and maintain sufficient written documentation to support the following:

Number of hours worked and activity

Applicable licensure and certification

Log of mentored hours (to be kept by the person being mentored)

An approved referral that assures compliance with DHS/DSPD eligibility requirements and can be compared with invoices.

Written client reports that include:

- a. Functional Behavior Assessments
- b. Behavior Support Plans
- c. Follow-up Summary/Evaluations

**Client Assessment/Tx Plan**

Objectives and Outcomes

The Contractor will be expected to establish client objectives and track client outcomes while providing client services under contracts awarded pursuant to this RFP. DHS/DSPD defines a successful outcome for these services as a decrease in the behavior problem being addressed and an increase in the replacement behavior.

**Other**

Limitations: Services provided cannot duplicate other supports available to the individual. In addition they must be cost effective and demonstrate the effectiveness for the intended use.

The contractor will not be permitted to transport clients.

The contractor will not be permitted to provide direct care, such as feeding, dressing, etc.

Behavior support plans developed by the contractor are prohibited from including any of the following.

Corporal Punishment

Demeaning, abusive or ridiculing speech.

Seclusion

Use of electrical or painful stimuli devices to manage behavior.

Withholding of meals as a consequence or punishment.

**Rate**

Stipend options. A one time \$200 payment upon the successful completion of required DSPD training.

A one time reimbursement of the initial BCBA fee. Reimbursements are based upon the availability of funding.



**Service Code: BA2****Service Behavior Analyst II****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 5/ 2/2003**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Behavior Analyst II will address behavior problems for people with disabilities by providing individual behavioral consultation with families, consultation on behavior supports with DSPD region offices. All services are considered crisis prevention. DSPD will manage the referral and management oversight of all contracts resulting from an Request for Proposal. Contractors must agree through the proposal and contract process to permit DSPD to work one on one with the Behavior Analyst II of record. Contractors are referred clients through the DSPD Behavior Analyst Coordinator or designated region staff.

**Behavior Analyst II Description Requirements**

Behavior Analyst II will focus on complex, serious problems such as problems that are ongoing, cause minor injury, commit property destruction, show dangerous, repulsive, and unacceptable behaviors. Because of these behaviors, clients are limited to activities and opportunities. Inventory Client Agency Plan (ICAP): -35 to -45; Needs Assessment: 3

The Behavior Analyst II will provide individual behavioral consultation with families and/or staff who support a person with identified behavior problems complicated by medical or mental health issues. There may be family dynamics related to consistency and support that will need addressing. The Behavior Analyst II will need to coordinate with school, medical treatment for mental illness or seizures, and or mental health.

The Behavior Analyst II will conduct Functional Behavior Assessments that focus on more involved, comprehensive, multiple targets or functions, setting events addressed, completing the behavior model or multiple summary statements used. These may also include multiple functions that may or may not be complicated with dual-diagnosis issues.

Behavior Analyst II will design Behavior Support Plans, train families and/or staff on Behavior Support Plans, evaluate the effectiveness of the Behavior Support Plans, and make adjustments in the plans as needed. Behavior Support Plans will be comprehensive and may include some mildly intrusive procedures. Replacement behaviors will require more detail such as anger management, problem solving, or relaxation. Interventions will be of an educational nature and focus on skill development and prevention procedures based on the principles of applied behavior analysis. More involved intervention plans will be needed that may include some mild restrictive interventions. In addition, there may be serious family and/or other relationship issues with school, agencies and others that need to be addressed.

Some clients may be at risk and there may be times where change in the client's future living situation, in or out of home, may also be a component of the crisis prevention procedures.

Evaluation Summaries must be comprehensive, contain objective data/information summarized and evaluated, and supplemented by simple (easily understood) graphs.

Behavior Analyst II will also consult with DHS/DSPD staff about the behavioral needs of clients, review the behavior supports provided by others through contract or utilization reviews, and participate in clinical reviews, behavior peer reviews or crisis prevention planning. These consulting hours will be paid at the same rate identified in the contract and only when pre-approved for specific tasks with specified hours and timelines. Consultation will be on routine cases similar to those Behavior Analyst I's would work on. Some consultation for people with less complex (involved) cases and not in crisis may be provided.

The DSPD Behavior Analyst Coordinator will determine who will require mentoring. The Behavior Analyst II may be required to be mentored by a Behavior Analyst III during the contract period and time spent being mentored will not be paid time.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Hourly             | \$51.52            |

***BCM Maximum Allowable Rate (MAR)***

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Hourly             | \$53.98                |

***BCM Rate Actions***

|        | <b><u>Name: Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate Effective Date</u></b> |
|--------|--------------------------|----------------------|---------------------------|---------------------------------------|
| Hourly | Initial Review           | 05/02/2003           | \$51.52                   | 05/15/2003                            |
| Hourly | COLA                     | 09/13/2004           | \$52.53                   | 07/01/2004                            |
| Hourly | COLA                     | 07/12/2005           | \$53.98                   | 07/01/2005                            |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| SG                        | SELF DETERM NON-MEDICAID  |

***Service Code*****Population Served**

The individuals served under this RFP, will meet and be served under DHS/DSPD State General Fund Eligibility Guidelines. All individuals served will have special behavioral needs such as aggression, self-injurious, property destruction, non-compliance, eating and toileting problems and fall within one of the following categories:

- a. Client is found eligible under the DHS/DSPD eligibility criteria and is in service or is on the DHS/DSPD waiting list.
- b. Individuals of all ages are eligible for this service.
- c. Is currently receiving supports from DHS/DSPD
- d. Individuals currently living at the Utah State Developmental Center.

Services will be provided at the person's home or other naturally occurring environment in the community.

**Contractor Qualifications**

Behavior Analyst IIs must agree to be actively engaged in training provided by DHS/DSPD, and/or engaged in course work and/or work experience that will meet Behavior Analyst Certification Board requirements while under contract with DHS/DSPD.

All educational requirements must be obtained from a United States or Canadian institution of higher education fully or provisionally accredited by regional, state, provincial or national accrediting body; or institution of higher education located outside the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States. One semester credit is equivalent to 15 hours of instruction and one-quarter credit is equivalent to 10 hours of instruction.

Behavior Analyst II/Master's Level:

- a. Master's Degree and some of the Board Certified Behavior Analyst training or its equivalent:
  - i. Coursework Requirements: Complete 90 of the BCBA's 180 hours of graduate level classroom instruction. The 180 hours covers 45 hours of basic behavior analytic principles, 45 hours of the application of these behavior analytic principles, 20 hours of single subject research methods, 10 hours of ethical and professional standards relevant to the practice of behavior analysis and 60 hours of other behavior analysis content.
  - ii. Experience Requirements: Completion of no less than 12 months of paid work or supervised experience including designing, implementing and monitoring, or overseeing behavior analysis programs for people. Experience shall include at least 20 hours per week, 80 hours per month in behavior analysis. BACB Supervision or Mentoring is not required.
  - iii. Be Licensed in Utah as one of the following:
    - Licensed Clinical Social Worker,
    - Licensed Professional Counselor,
    - Licensed Marriage and Family Therapist,
4. Licensed Psychologist
5. Medical Doctor and with Board Certified Associate Behavior Analyst

Coursework Requirements: 90 hours undergraduate classroom instruction covering basic principles of behavior analysis, the application of these basic principles, and ethical issues related to the delivery of behavior analysis programs.

**Staff to Client Ratios**

Behavioral Consultation will be one on one. (1:1)

**Staff Training**

Behavior Analyst II must agree to be actively engaged in training provided by DHS/DSPD, and/or engaged in course work and/or work experience that will meet Behavior Analyst Certification Board requirements while under contract with DHS/DSPD.

**Record Keeping****Special Record Keeping Requirements**

Administrative Records will be maintained by the Contractor, with a copy of Functional Assessments, Behavior Plan and, Summary and Evaluation forwarded to the Region Office. The contractor will develop and maintain sufficient written documentation to support the following:

Number of hours worked and activity

Applicable licensure and certification

Log of mentored hours (to be kept by the person being mentored)

An approved referral that assures compliance with DHS/DSPD eligibility requirements and can be compared with invoices.

Written client reports that include:

- a. Functional Behavior Assessments
- b. Behavior Support Plans
- c. Follow-up Summary/Evaluations

**Client Assessment/Tx Plan**

Offeror's will accept the attached Policy 1-11, and agree to use it as a "best practice" standard and guideline in performing contracted services. (also, see Behavior Support Plan above)

**Treatment Plans****Objectives and Outcomes**

The Contractor will be expected to establish client objectives and track client outcomes while providing client services under contracts awarded pursuant to this RFP. DHS/DSPD defines a successful outcome for these services as a decrease in the behavior problem being addressed and an increase in the replacement behavior.

**Other****Limitations:**

Services provided by Contractors cannot duplicate other supports and services available to the individual. In addition, they must be cost efficient and demonstrate effectiveness for the intended use.

a. If the Behavior Analyst(s) works for a Contractor that is performing services and supports for a DHS/DSPD client through an existing DHS/DSPD contract such as the Developmental Disability Mental Retardation, and/or Acquired Brain Injury services or any other such contracts, the Behavior Analyst cannot consult on those clients served under those contracts. DHS/DSPD reserves the right to determine who will serve the clients under this RFP and resulting contracts.

The Contractor will not be permitted to transport clients

The Contractor will not be permitted to provide direct care such as bathing, feeding, dressing, or supervision

Behavior Support Plans developed by the Contractor are prohibited from including any of the following:

Corporal Punishment, examples: slapping, hitting, and pinching;

Demeaning Speech to a Person which ridicules or is abusive;

Seclusion -- defined as locked confinement in a room;

Use of electric devices or other painful stimuli to manage behavior; and

Denial or restriction of access to assistive technology; except where removal prevents injury to self, others, or property;

Withholding of meals as a consequence or punishment for problem behavior.

Behavior Support Plans, which include any Level II or Level III intrusive behavior intervention procedures, will require DHS/DSPD review and approval. (Reference DHS/DSPD Policy 1-11).

**Rate**

a. Stipend Options: The DSPD training will be reimbursed at \$200 one-time payment upon successful completion of required training to assist in the cost of time, travel, books, etc. Reimbursement is made based on the original expense documentation submitted.

b. Certification assistance option: A one-time reimbursement for the initial BCBA fee will be allowed at the following amounts - BCBA at \$250 or BCABA at \$185. Reimbursement is made based on the original expense documentation submitted.

**Service Code: BA3****Service Behavior Analyst III****Creation Date: 4/15/2003****Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Agencies Using Code**

DSPD

***Description:***

Behavior Analyst III will address behavior problems for people with disabilities by providing individual behavioral consultation with families, consultation on behavior supports with DSPD region offices, and mentoring to other Behavior Analysts. All services are considered crisis prevention. DSPD will manage the referral and management oversight of all contracts resulting from an Request for Proposal. Contractors must agree through the proposal and contract process to permit DSPD to work one on one with the Behavior Analyst of record. Contractors are referred clients through the DSPD Behavior Analyst Coordinator.

**Behavior Analyst III Description Requirements**

Behavior Analyst III will focus on the most involved and complex, difficult, dangerous, potentially life-threatening and resistant to change problems, in addition, the client has failed intervention, is frightening to others and is severely limited to activities and opportunities they could otherwise access. These client's problems are complicated by multiple organic, genetic, neurological and/or psychiatric issues. [Inventory Client Agency Plan (ICAP): -45 to -65; Needs Assessment: 4]

The Behavior Analyst III will provide individual behavioral consultation with families and/or staff who support a person with identified behavior problems. These consultations will most likely be on referrals that are the most difficult to assess, plan, implement, and evaluate.

The Behavior Analyst III will conduct Functional Behavior Assessments. Functional Assessments will focus on hard to separate multiple functions and may require functional analysis manipulation procedures. Assessments will include the effects of multiple organic and dual-diagnosis issues. Behavior Analyst III may use Functional Analysis procedures.

Behavior Analyst IIIs will design Behavior Support Plans, train families and/or staff on behavior support plans, evaluate the effectiveness of the Behavior Support Plans, and make adjustments in the plans as needed. These plans will address multiple targets with detailed procedures for prevention, consequences and replacement behaviors, crisis and safety issues, and may include Level II/III intrusive procedures. Interventions will be of an educational nature and focus on skill development and prevention procedures based on the principles of applied behavior analysis. Intervention plans will be more complex and detailed and may include Level II/III intrusive procedures. Issues complicated by family problems and dynamics will be addressed.

Services need to be coordinated with schools and other agencies addressing these behavior problems as well as multiple medications for difficult to assess and treat psychiatric problems and seizures. Evaluation summaries will be more detailed and based on objective data and graphs with multiple targets and treatment conditions used for visual analysis. Evaluation Summaries will be comprehensive, in-depth, address multiple targets with graphs including treatment conditions and the effects of other interventions (meds), and integrate information from multiple sources.

Behavior Analyst IIIs may also consult with DHS/DSPD staff about the behavioral needs of individuals, review the behavior supports provided by others through contract or utilization reviews, and participate in clinical reviews, behavior peer reviews or crisis prevention planning. Consulting will be on situations similar to the Behavior Analyst I and II, as well as, the most complex (difficult) cases including those in intensive/expensive residential programs and those in crisis and at risk for a change in placement or hospitalization.

In addition, Behavior Analyst III will mentor Behavior Analyst I and II when pre-approved by DHS/DSPD Behavior Analyst Coordinator. Mentoring is limited to two hours per month for each analyst being mentored. Mentoring will include activities such as, but not limited to, reviewing assessments, behavior plans, giving instruction, and problem solving. Time spent mentoring will be paid time. These consulting hours will be paid at the same rate identified in the contract and only when pre-approved for specific tasks

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Hourly             | \$62.50            |

***BCM Maximum Allowable Rate (MAR)***

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Hourly             | \$65.48                |

***BCM Rate Actions***

|        | <b><u>Name: Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate Effective Date</u></b> |
|--------|--------------------------|----------------------|---------------------------|---------------------------------------|
| Hourly | Initial Review           | 04/15/2003           | \$62.50                   |                                       |
| Hourly | COLA                     | 09/13/2004           | \$63.72                   | 07/01/2004                            |
| Hourly | COLA                     | 07/12/2005           | \$65.48                   | 07/01/2005                            |

***Service Eligibility***

with specified hours and timelines

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| SG                        | SELF DETERM NON-MEDICAID  |

***Service Code*****Population Served**

Individuals To Be Served

The individuals served under this RFP, will meet and be served under DHS/DSPD State General Fund Eligibility Guidelines. All individuals served will have special behavioral needs such as aggression, self-injurious, property destruction, non-compliance, eating and toileting problems, etc and fall within one of the following categories:

- Client is found eligible under the DHS/DSPD eligibility criteria and is in service or is on the DHS/DSPD waiting list.
  - Individuals of all ages are eligible for this service.
  - Is currently receiving supports from DHS/DSPD
- Individuals currently living at the Utah State Developmental Center.

Services will be provided at the client's home or other naturally occurring environment in the community.

**Contractor Qualifications**

All educational requirements must be obtained from one of the following United States or Canadian institution of higher education fully or provisionally accredited by regional, state, provincial or national accrediting body; or an institution of higher education located outside the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States. One semester credit is equivalent to 15 hours of instruction and one-quarter credit is equivalent to 10 hours of instruction.

1. Behavior Analyst III/BCBA Level:

Board Certified Behavior Analyst or

Ph.D. in a related field and the Board Certified Behavior Analyst equivalent training and experience.

Coursework Requirements: 180 hours of graduate level classroom instructing covering 45 hours of basic behavior analytic principles, 45 hours of the application of these behavior analytic principles, 20 hours of single subject research methods, 10 hours of ethical and professional standards relevant to the practice of behavior analysis and 60 hours of other behavior analysis content.

Experience Requirements: Completion of no less than 18 months of mentored experience (monthly contacts between applicant and a BCBA or equivalent) with at least 20 hours per week, 80 hours per month in behavior analysis, OR completion of no less than nine months of supervised experience (face to face meetings between applicant and a BCBA or equivalent for at least two hours every two weeks) with at least 20 hours per week, 80 hours per month in behavior analysis, OR a combination of

**Staff to Client Ratios**

Behavioral Consultation will be one on one. (1:1)

**Staff Training**

Behavior Analysts must agree to be actively engaged in training provided by DHS/DSPD, and/or engaged in course work and/or work experience that will meet Behavior Analyst Certification Board requirements while under contract with DHS/DSPD. Part or all of this may be waived for Behavior Analyst IIIs.

**Record Keeping**

Special Record Keeping Requirements

Administrative Records will be maintained by the Contractor, with a copy of Functional Assessments, Behavior Plan and, Summary and Evaluation forwarded to the Region Office. The contractor will develop and maintain sufficient written documentation to support the following:

Number of hours worked and activity

Applicable licensure and certification

Log of mentored hours (to be kept by the person being mentored)

An approved referral that assures compliance with DHS/DSPD eligibility requirements and can be compared with invoices.

Written client reports that include:

- a. Functional Behavior Assessments
- b. Behavior Support Plans
- c. Follow-up Summary/Evaluations

**Client Assessment/Tx Plan**

DHS/DSPD Policy 1-11, Behavior Supports

Offeror's will accept the attached Policy 1-11, and agree to use it as a best practice standard and guideline in performing contracted services.

**Treatment Plans**

Objectives and Outcomes

The Contractor will be expected to establish client objectives and track client outcomes while providing client services under contracts awarded pursuant to this RFP. DHS/DSPD defines a successful outcome for these services as a decrease in the behavior problem being addressed and an increase in the replacement behavior.

**1. Written Reports**

In order to ensure the client's needs are being met and to assist DHS/DSPD in its efforts to evaluate the effectiveness of services, a copy of the following information will be forwarded to DHS/DSPD.

Written client reports will include:

Functional Behavior Assessment

Behavior Support Plan

Follow-up Summary/Evaluation Written Report.

**Other**

Limitations

Services provided by Contractors cannot duplicate other supports and services available to the individual. In addition, they must be cost efficient and demonstrate effectiveness for the intended use.

a. If the Behavior Analyst(s) works for a Contractor that is performing services and supports for a DHS/DSPD client through an existing DHS/DSPD contract such as the Developmental Disability Mental Retardation, and/or Acquired Brain Injury services or any other such contracts, the Behavior Analyst cannot consult on those clients served under those contracts. DHS/DSPD reserves the right to determine who will serve the clients under this RFP and resulting contracts.

The Contractor will not be permitted to transport clients

The Contractor will not be permitted to provide direct care such as bathing, feeding, dressing, or supervision

Behavior Support Plans developed by the Contractor are prohibited from including any of the following:

Corporal Punishment, examples: slapping, hitting, and pinching;

Demeaning Speech to a Person which ridicules or is abusive;

Seclusion -- defined as locked confinement in a room;

Use of electric devices or other painful stimuli to manage behavior; and

Denial or restriction of access to assistive technology; except where removal prevents injury to self, others, or property;

Withholding of meals as a consequence or punishment for problem behavior.

Behavior Support Plans, which include any Level II or Level III intrusive behavior intervention procedures, will require DHS/DSPD review and approval. (Reference DHS/DSPD Policy 1-11).

**Rate**

a. Stipend Options: The DSPD training will be reimbursed at \$200 one-time payment upon successful completion of required training to assist in the cost of time, travel, books, etc. Reimbursement is made based on the original expense documentation submitted.

b. Certification assistance option: A one-time reimbursement for the initial BCBA fee will be allowed at the following amounts - BCBA at \$250. Reimbursement is made based on the original expense documentation submitted.

**BAL**

**Service Code: BAL**

**Service Fiscal Agent Clearing**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 12/29/2000

**Obsolete Date:**

**Agencies Using Code**

DSPD

**Description:**

Fiscal Agent Clearing and Reconciliation

**USSDS Rates as of 7/15/2005**

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Personal Need      | \$500,000.00       |

**BCM Maximum Allowable Rate (MAR)**

| <u><b>Unit</b></u> | <u><b>MAR Rate</b></u> |
|--------------------|------------------------|
| Personal Need      | \$500,000.00           |

**BCM Rate Actions**

| <u><b>Unit</b></u> | <u><b>Action</b></u> | <u><b>Action Date</b></u> | <u><b>New Rate</b></u> | <u><b>Effective Date</b></u> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Personal Need      | Review               | 07/26/2005                | \$500,000.00           | 07/01/2005                   |

**Service Eligibility**

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| MR                        | MR/DD                     |

## BPB

**Service Code:** BPB

**Service** Behavioral Programming (BA/BS Level Staff)

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

**Description:**

Individually designed interventions to replace the recipient's maladaptive behaviors with socially acceptable appropriate behaviors which increase the individual's ability to be integrated into the community. Includes complete assessment of the maladaptive behaviors, development of a structured behavioral intervention plan, implementation of plan, training and supervision of caregivers and behavioral aides and periodic reassessment of plan. Service provided at the individual's home or in the community.

**USSDS Rates as of 7/15/2005**

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Quarter hour       | \$4.71             |
| Hourly             | \$18.84            |

**Service Eligibility**

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| SG                        | SELF DETERM NON-MEDICAID  |



## BPM

**Service Code:** BPM

**Service** Behavioral Programming (MA/MS Level Staff)

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

**Description:**

Individually designed interventions to replace the recipient's maladaptive behaviors with socially acceptable appropriate behaviors which increase the individual's ability to be integrated into the community. Includes complete assessment of the maladaptive behaviors, development of a structured behavioral intervention plan, implementation of plan, training and supervision of caregivers and behavioral aides and periodic reassessment of plan. Service provided at the individual's home or in the community.

**USSDS Rates as of 7/15/2005**

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Quarter hour       | \$7.81             |
| Hourly             | \$31.25            |

**Service Eligibility**

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| SG                        | SELF DETERM NON-MEDICAID  |

## BPP

**Service Code:** BPP

**Service** Behavioral Programming (PHD Level Staff)

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

**Description:**

Individually designed interventions to replace the recipient's maladaptive behaviors with socially acceptable appropriate behaviors which increase the individual's ability to be integrated into the community. Includes complete assessment of the maladaptive behaviors, development of a structured behavioral intervention plan, implementation of plan, training and supervision of caregivers and behavioral aides and periodic reassessment of plan. Service provided at the individual's home or in the community.

**USSDS Rates as of 7/15/2005**

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Quarter hour       | \$15.20            |
| Hourly             | \$60.78            |

**Service Eligibility**

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| SG                        | SELF DETERM NON-MEDICAID  |

## CCK

**Service Code: CCK**

**Creation Date:** 10/24/2001

**Service Self Determination Companion Services check  
writing fees**

**Obsolete Date:** 09/01/2002

**Contract Type:** Closed or fixed dollar amount contract required

**Agencies Using Code**

**Residential:** No

DSPD

**Description:**

To provide accurate accounting and processing for checks written for non-medical care, supervision and socialization to a functionary-impaired adult. This service does not provide hands on medical care.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u>   | <u>Rate</u> |
|---------------|-------------|
| Personal Need | \$3.50      |

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u>   | <u>MAR Rate</u> |
|---------------|-----------------|
| Personal Need | \$3.50          |

**BCM Rate Actions**

| <u>Unit</u>   | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------|----------------|--------------------|-----------------|-----------------------|
| Personal Need | Initial Review | 10/24/2001         | \$3.50          | 10/24/2001            |

**Service Eligibility**

| <u>Eligibility</u> | <u>Description</u>       |
|--------------------|--------------------------|
| SG                 | SELF DETERM NON-MEDICAID |
| SM                 | SELF DETERM MEDICAID     |

**Service Code: CH1****Service Chore Services (Individual Provided)****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Services needed to maintain the home in a clean, sanitary and safe environment. This services includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the client nor others in the household are are capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer agency or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to authorization of service. These services must not be available

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$3.16             |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code: CH2****Service Chore Services (Agency Provided)****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Services needed to maintain the home in a clean, sanitary and safe environment. This services includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the client nor others in the household are are capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer agency or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to authorization of service. These services must not be available

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$3.77             |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code:** CLI

**Service** Community Living Intensive Supports

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Agencies Using Code**

DSPD

**Description:**

Community Living Intensive Supports are designed to assist an individual gain and / or maintain skills to live as independently as possible in a community setting, and based on the outcome for community living indicated in the individual's support plan, live in the type of housing arrangement they choose. The individual's support plan identifies the type, frequency, and amount of support required by the person based on their preferences. Supports can include up to 24 hours of supervision but the actual hours of direct care staff support will be indicated in the individual's support plan. These individuals require an enhanced Direct Staff Salary and Training, to better retain direct care staff.

The "Individualized Supports" work sheet contain the authorized rates for each client.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Daily              | \$346.01           |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code**

**Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to community living residential supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule R539-1, 3.

**Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet .

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
Policy 2-7 Provider Training and Personnel Requirements  
Rule R539-6-1, R539-6-4, R539-4-3  
Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Community Living Supports serve the purpose of facilitating independence and promoting community integration by assisting

***Name:*** an individual to gain or maintain skills necessary to live as independently as possible in the type of community-based housing

arrangement the individual chooses (and can afford), consistent with the outcome for community living defined in the individual's support plan. There are three basic models for Community Living Supports that are frequently referred to: Group Home, Mini Group Home, and Supervised Apartment. Typically a community living setting is a single residence (home) in which four (4) to eight (8) individuals with disabilities reside. A Supported/Supervised Apartment or mini group home setting is three (3) or less individuals. The Division of Services for People with Disabilities is looking towards doing away with settings with 4 or more individuals, and is moving towards settings of three or less, however, it is included for reference as we are in a period of transition.

Community Living Supports can include up to 24 hour direct care staff support. Actual type, frequency, and duration of direct care staff support, and other community living supports will be defined in the individual's support plan based on the individuals preferences, selected housing arrangement, assessed needs and spending limit.

The Community Living Worksheet (See Attachment E) is the tool used by the Division, the individual and their team of support, to cost out the supports that the individual has chosen in their person centered plan (limited by the individual's authorized spending limit). The worksheet provides choices among various types of supports. Once the supports are selected, the worksheet specifies the type of supports, the number of hours, and hours of staffing supports provided each day or month. The Division will audit the aggregate monthly hours, not daily hours to ensure that services have been provided.

Provider reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses which account for staff vacations, sick time, and leaves for training. Also included in the CLS and CLI rate is a supervision rate, administration rate, and non-personnel operating costs.

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to persons under age 22 children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (Attachment E).

**Service Code: CLS****Service Community Living Supports****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DSPD

**Description:**

Community Living Supports are designed to assist an individual gain and / or maintain skills to live as independently as possible in a community setting, and based on the outcome for community living indicated in the individual's support plan, live in the type of housing arrangement they choose. The individual's support plan identifies the type, frequency, and amount of support required by the person based on their preferences. Supports can include up to 24 hours of supervision but the actual hours of direct care staff support will be indicated in the individual's support plan.

The "Individualized Supports" work sheet contain the authorized rates for each client.

**USSDS Rates as of 7/15/2005****Unit****Rate**

Daily

\$346.01

**Service Eligibility****Eligibility****Description**

|    |                           |
|----|---------------------------|
| BG | SPINAL CHORD GENERAL FUND |
| BM | SPINAL CHORD MEDICAID     |
| SG | SELF DETERM NON-MEDICAID  |
| SM | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to community living residential supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule R539-1, 3.

**Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet .

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-6-1, R539-6-4, R539-4-3



Policy 2-8 pertaining to Community Living Supports

**Name: Tx/Serv Requirement**

Community Living Supports serve the purpose of facilitating independence and promoting community integration by assisting an individual to gain or maintain skills necessary to live as independently as possible in the type of community-based housing arrangement the individual chooses (and can afford), consistent with the outcome for community living defined in the individual's support plan. There are three basic models for Community Living Supports that are frequently referred to: Group Home, Mini Group Home, and Supervised Apartment. Typically a community living setting is a single residence (home) in which four (4) to eight (8) individuals with disabilities reside. A Supported/Supervised Apartment or mini group home setting is three (3) or less individuals. The Division of Services for People with Disabilities is looking towards doing away with settings with 4 or more individuals, and is moving towards settings of three or less, however, it is included for reference as we are in a period of transition.

Community Living Supports can include up to 24 hour direct care staff support. Actual type, frequency, and duration of direct care staff support, and other community living supports will be defined in the individual's support plan based on the individuals preferences, selected housing arrangement, assessed needs and spending limit.

The Community Living Worksheet (See Attachment E) is the tool used by the Division, the individual and their team of support, to cost out the supports that the individual has chosen in their person centered plan (limited by the individual's authorized spending limit). The worksheet provides choices among various types of supports. Once the supports are selected, the worksheet specifies the type of supports, the number of hours, and hours of staffing supports provided each day or month. The Division will audit the aggregate monthly hours, not daily hours to ensure that services have been provided.

Provider reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses which account for staff vacations, sick time, and leaves for training. Also included in the CLS and CLI rate is a supervision rate, administration rate, and non-personnel operating costs.

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to persons under age 22 children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (Attachment E).

# CM1

**Service Code: CM1**

**Service Self Determination Companion Services**

**Contract Type:** Closed or fixed dollar amount contract required

**Residential:** No

**Creation Date:** 10/24/2001

**Obsolete Date:** 09/01/2002

**Agencies Using Code**

DSPD

***Description:***

To provide non-medical care, supervision and socialization to a functionary-impaired adult. Self determination companions may assist the individual with tasks such as meal preparation, laundry, and shopping, but do not perform these activities as discrete services. This service does not provide hands on medical care. Provider may also perform light housekeeping tasks, which are incidental care and supervision of the client. This service is provided in accordance with a therapeutic goal.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Daily       | \$53.23     |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$54.27         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u> | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|---------------|--------------------|-----------------|-----------------------|
| Daily       | Review        | 10/24/2001         | \$53.23         | 10/24/2001            |
| Daily       | COLA          | 09/13/2004         | \$54.27         | 07/01/2004            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>       |
|--------------------|--------------------------|
| SG                 | SELF DETERM NON-MEDICAID |
| SM                 | SELF DETERM MEDICAID     |

**Service Code: COM****Service Companion Services****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

The purpose of Companion Services is to provide non-medical care, supervision and socialization to a functionally impaired adult. Companions may assist the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. This services does not provide hands?on medical care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the client. This service is provided in accordance with a therapeutic goal in the plan of care and is not purely diversionary in nature.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u>  | <u>Rate</u> |
|--------------|-------------|
| Quarter hour | \$2.99      |
| Daily        | \$68.13     |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$73.63         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u> | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|---------------|--------------------|-----------------|-----------------------|
| Daily       | Review        | 12/20/2002         | \$66.53         | 12/20/2002            |
| Daily       | Review        | 09/19/2001         | \$53.23         | 09/19/2001            |
| Daily       | Review        | 07/02/2003         | \$72.22         | 07/01/2003            |
| Daily       | COLA          | 09/13/2004         | \$73.63         | 07/01/2004            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| BM                 | SPINAL CHORD MEDICAID     |
| SG                 | SELF DETERM NON-MEDICAID  |
| SM                 | SELF DETERM MEDICAID      |

***Service Code*****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to community living residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found

**Name:** eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and community living worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratio is 1:1, hourly

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7, Procedures 1, 2, 3B, 3C, 6, and 7C.

Rule R539-6-1 to 4

Policy 2-8 Procedure 1.

**Tx/Serv Requirement**

Companion services can be non-medical care, supervision and socialization, provided to a functionally impaired adult.

Companions may assist the individual with such tasks as meal preparation, laundry and shopping, but do not provide these activities as discrete services. The provision of companion services does not entail hands-on medical care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the client. This service is provided in accordance with a therapeutic goal in the plan of care, and is not diversional in nature. This service can be provided on a quarterly hour basis, or on a daily basis as a live in companion. Companions may perform services on a hourly basis or reside

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Companion Services are listed in the Community Living Supports Worksheet (Attachment E).

**Service Code: CSB****Service Community Service Broker****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 4/15/2003**Obsolete Date:****Agencies Using Code**

DSPD

**Description:**

The Community Service Broker Model is a crisis prevention model designed to deliver services to people with disabilities and their families. This service is time limited (temporary) and used when people with disabilities have qualified for DHS/DSPD services and are on the "DHS/DSPD waiting list". The DHS/DSPD waiting list includes Physical Disabilities, Developmental Disability and Mental Retardation, and Acquired Brain Injury. Community Service Brokering is a community support that facilitates client and family education on self-determination and self-advocacy. Community Service Brokering is responsible for the coordination and referral of community resources to expand the range of support options.

A Community Service Broker is an individual that is a skilled advisor and has additional talents in connecting/linking people with disabilities to resources that will enhance their quality of life. The Community Service Broker will guide and/or demonstrate how persons with a disability can access needed community supports and services. Community Service Brokers provide a technical role in the development of needs assessments and person-centered planning. Community Service Brokers will have skills to assess areas of need, and the expertise to develop resources outside of the scope of services paid for by DSPD.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Hourly             | \$21.16            |
| Quarter hour       | \$5.29             |

**BCM Maximum Allowable Rate (MAR)**

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Quarter hour       | \$5.29                 |
| Hourly             | \$21.16                |

**BCM Rate Actions**

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Hourly             | Initial Review       | 04/15/2003                | \$15.00                | 04/15/2003                   |
| Hourly             | Review               | 03/22/2005                | \$21.16                | 01/01/2005                   |
| Quarter hour       | Review               | 03/22/2005                | \$5.29                 | 01/01/2005                   |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code****Population Served**

DSPD eligible people of all ages who have mental retardation, developmental disabilities and/or related diagnoses and other related conditions, physical disabilities (age 18 and up,) or acquired brain injury (age 18 and up, and who are on the DHS/DSPD waiting list

**Contractor Qualifications**

1. Contractor and (all contractor staff) must be at least 18 years of age, and
2. Contractor must have minimum of five years experience working with people with disabilities and their families in a  
**Name:** volunteer or professional capacity, and
3. Contractor must have a bachelors degree, preferably in a filed or study related to social health or equivalent work experience, and
4. Be familiar with state and community resources available to people with disabilities and know how to access these resources, and

### **Staff Requirements**

Contractor and their CSB staff must attend DSPD orientation training for Community Service Brokers and sign the Code of Conduct form prior to working with clients. The BCI check is required and shall be paid for by the Contractor. This is included in the established rate.

### **Staff Training**

Contractors will attend DSPD orientation training for Community Service Brokers prior to client contact. DSPD will schedule and conduct the training with the Community Service Broker Contractor. The date for Contractor training will be included in the Contract Award Letter. Training is required prior to the commencement of the contract and will be approximately four hours. Additional training may be requested in writing and addressed to 120 North 200 West, #411, Salt Lake City, UT 84103, Attention DSPD CSB Coordinator. This training will include DSPD requirement review, conflict of interest review, Person-centered Planning, Support Strategies, as well as, DSPD "Dos and Don'ts". This training is to educate the new contractors about the needs of the clients while balancing those with the needs of the Department of Human Services/Division of Services for People with Disabilities.

### **Record Keeping**

The Contractor will be required to maintain written documentation/records on the following:

A referral from DHS/DSPD Region Office for each client served, describing authorized services.

Activity Log and Survey form with support documentation that the Contractor will maintain for each client served.

The activity log will outline date services were delivered, units, and brief description of activity.

Prior to payment, the survey portion of this form must be completed by the client or a family member.

A copy of the 295S Billing Form

Person Centered Planning - An Action Plan form noting services requested by the client and approved by DHS/DSPD for each client served.

Contractor will provide the outcome of the services delivered within 10 days of completion of delivered services.

### **Client Assessment/Tx Plan**

Client Assessment/TX Plan:

1. Client receives a letter stating that the CSB services are available and requests that services be arranged. Along with this letter, they will receive a list of current contracted community service brokers. They will use this list to select the broker of their choice.
2. Client will send a Request for Services reply form to the DSPD CSB coordinator identifying their choice of contractor and service need.
3. The DSPD CSB Coordinator will contact the CSB Contractor and review the funding and availability of the Contractor.
4. Approved referral is sent to contractor.
5. Contractor will contact the client and complete the assessment process, including an Action Plan outlining services.
6. Contractor will forward completed Action Plan to DSPD CSB coordinator.
7. Services will be documented by the Contractor on the Activity Log/Survey form.
8. The Activity Log/Survey form will be attached to the billing form 295S and forwarded to the DSPDCSB Coordinator for review and approval of payment.
9. Services will be provided within a maximum of 90-days.
10. Payment cannot be made for services that have not been rendered.

### **Treatment Plans**

While the person with the disability is on the waiting list there are numerous services that the Community Service Broker may assist with, outside of DSPD provided services. Contractor will have experience in finding resources that will assist People with Disabilities, in one or more of these areas. Such non-DSPD provided services may include but are not limited to:

Supporting the client in the development of person-centered planning.

Developing support strategies.

Finding resources to train clients in self determination and self advocacy.

Expanding and developing support options outside the immediate family to individuals such as neighbors, clergy, co-workers

(includes non-paid natural supports.)

Connecting clients with social services and mental health services.

Linking clients to school systems supports.

Providing resources for transition planning.

Finding resources to help clients with social security benefits.

Connecting clients to financial planners.

Linking clients to resources for locating housing.

Finding and facilitating financial assistance.

Finding resources for resolving guardianship issues.

Finding resources or assisting with advocacy.

Supporting the client in the maximizing benefit options.  
Finding and facilitating supports outside the traditional system of paid provider supports.  
Finding and facilitating transportation supports.  
Finding resources for job supports/education/training.  
Finding resources where clients can receive assistance on Assistive Technology/Adaptation.  
Connecting to protective payee services outside DSPD system.  
Locating and facilitating assistance with Health Care (ie, home health care, free clinics.)  
Connecting clients with homeownership resources to obtain information on the process and responsibilities of buying a home.  
Connecting clients to supports offered by any local, state or federal programs based on the needs (ie. medicaid, medicare,

**Other**

**Limitations and Special Conditions:**

Services provided by a Community Service Broker cannot duplicate other supports and services available to the individual. In addition, they must be cost efficient and demonstrate effectiveness for the intended use.

The Contractor will be permitted to provide transportation for the client . All persons transporting clients must have a current drivers liscence, current automobile insurance coverage and a vehicle that can safely transport a client based on their needs.

The Contractor will not be allowed to meet with clients at Contractor's residence.

The Contractor will not be permitted to administer services that are not identified in the DSPD approved Action Plan or contract.

Service Rates to Contractors may be negotiated for a less amount, but may not exceed the DHS established rate.

Total services may not exceed \$2645 annually, for each client served.

The Contractor will be paid based on actual units.

This is not an on-going service, and is time limited.



**Service Code: CSG**  
**Service Counseling Services (Group Therapy Session)**

**Creation Date:** 1/24/2001  
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required  
**Residential:** No

**Agencies Using Code**  
DSPD

***Description:***

Counseling is a service designed to benefit the individual directly to resolve conflict or issues that may help the individual remain in the community. This counseling would enable the individual to manage his stress and improves the likelihood that the individual will continue to be cared for in his/her own home or the home of his/her family, thereby preventing premature and otherwise unnecessary institutionalization. Services must be included in the plan of care and for the direct benefit of the individual and be delivered in a group setting. These services must not be available under the State plan or through Local Mental Health Agencies.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$4.69             |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code: CSQ****Service Counseling Services (Individual Therapy Session)****Creation Date:** 1/24/2001**Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DSPD

***Description:***

Counseling is a service designed to benefit the individual directly to resolve conflict or issues that may help the individual remain in the community. This counseling would enable the individual to manage his stress and improves the likelihood that the individual will continue to be cared for in his/her own home or the home of his/her family, thereby preventing premature and otherwise unnecessary institutionalization. Services must be included in the plan of care and for the direct benefit of the individual and be delivered in an individual setting. These services must not be available under the State plan or through Local Mental Health

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$17.43            |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code: DSC****Service Day Support Worksheet/Children****Creation Date: 1/25/2001****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DSPD

**Description:**

Day Supports worksheet is designed to facilitate independence and promote community inclusion and contribution. Supports provide assistance for individuals to participate in activities in integrated settings with individuals without disabilities (not including staff paid to support the individual). All supports are identified in the individual's support plan and are meaningful activities, which may or may not be work related but do relate to the identified outcomes. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance their independence, and / or maintain physical and mental skills. Day supports may be provided anytime during a 24 hour day at locations of the individual's preference and are most commonly provided in integrated community settings. The Day Support Worksheet for Children will be the same worksheet as approved for the code DSW (Day

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Daily              | \$137.46           |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

**Name:** Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

Supports Worksheet).

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

**Service Code: DSW****Service Day Supports Worksheet****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Day Supports worksheet is designed to facilitate independence and promote community inclusion and contribution. Supports provide assistance for individuals to participate in activities in integrated settings with individuals without disabilities (not including staff paid to support the individual). All supports are identified in the individual's support plan and are meaningful activities which may or may not be work related but do relate to the identified outcomes. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance their independence, and / or maintain physical and mental skills. Day supports may be provided anytime during a 24 hour day at locations of the individual's preference and are most commonly provided in integrated

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Daily       | \$137.46    |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$167.06        |
| Hourly      | \$15.44         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 08/01/1999         | \$163.86        | 08/01/1999            |
| Daily       | COLA           | 09/13/2004         | \$167.06        | 07/01/2004            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| BM                 | SPINAL CHORD MEDICAID     |
| SG                 | SELF DETERM NON-MEDICAID  |
| SM                 | SELF DETERM MEDICAID      |

***Service Code*****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

**Name:** Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).  
community settings.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

**Service Code: DT1****Service Day Training level 1****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:** 07/01/2001**Agencies Using Code**

DSPD

**Description:**

Day Training services are provided to individuals who require training and support in the acquisition of independent living skills. The program provides individuals the opportunity to participate in activities that increase attendance to task, elicit appropriate social and emotional interaction, relieve isolation and encourage independent utilization of community resources. The intensity of service provided to the individual is determined by their ICAP service score. This is for an individual in need of level 1 care.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$34.30         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 12/01/1992         | \$29.82         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$30.93         | 07/01/2001            |
| Daily       | COLA           | 07/10/2002         | \$32.30         | 07/01/2002            |
| Daily       | COLA           | 09/13/2004         | \$33.38         | 07/01/2004            |
| Daily       | COLA           | 07/12/2005         | \$34.30         | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).



**Service Code: DT2****Service Day Training level 2****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:** 07/01/2001**Agencies Using Code**

DSPD

**Description:**

Day Training services are provided to individuals who require training and support in the acquisition of independent living skills. The program provides individuals the opportunity to participate in activities that increase attendance to task, elicit appropriate social and emotional interaction, relieve isolation and encourage independent utilization of community resources. The intensity of service provided to the individual is determined by their ICAP service score. This is for an individual in need of level 2 care.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$38.57         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 12/01/1992         | \$33.53         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$34.78         | 07/01/2001            |
| Daily       | COLA           | 07/10/2002         | \$36.32         | 07/01/2002            |
| Daily       | COLA           | 09/13/2004         | \$37.53         | 07/01/2004            |
| Daily       | COLA           | 07/12/2005         | \$38.57         | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

**Service Code: DT3****Service Day Training level 3****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:** 07/01/2001**Agencies Using Code**

DSPD

**Description:**

Day Training Habilitative services are provided to individuals who require training and support in the acquisition of independent living skills. The program provides individuals the opportunity to participate in activities that increase attendance to task, elicit appropriate social and emotional interaction, relieve isolation and encourage independent utilization of community resources. The intensity of service provided to the individual is determined by their ICAP service score. This is for an individual in need of Level 3 care.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$55.93         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 04/01/1994         | \$48.62         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$50.43         | 07/01/2001            |
| Daily       | COLA           | 07/10/2002         | \$52.66         | 07/01/2002            |
| Daily       | COLA           | 09/13/2004         | \$54.42         | 07/01/2004            |
| Daily       | COLA           | 07/12/2005         | \$55.93         | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

**Service Code: DTA****Creation Date:** 1/25/2001**Service Day Training Non-Site based Services  
(Administration & Direct Services)****Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

Day Training Non-Site based services assist individuals in acquiring, retaining or improving self help, socialization and adaptive skills necessary to reside successfully in home and community based settings. These services are provided in a community, non-site based setting on a quarterly hour basis typically using staffing ratios of 1:1 through 1:3. The intensity of service is determined by the individual and their interdisciplinary team. This service is for the first 960 quarterly-hour billable units of service annually and/or the first 80 units monthly. Services include direct service trainer, direct supervision travel and administrative overhead costs. Additional services above the 80 units per month (960 annually) will be billed at the DTB rate.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$7.68             |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
Policy 2-7 Procedures 1-6 inclusive.

***Name:*** Rule R539-8-1A

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

**Service Code: DTB****Creation Date:** 1/25/2001**Service Day Training Non-Site based Services (Direct Services Only)****Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

Day Training Non-Site based services assist individuals in acquiring, retaining or improving self help, socialization and adaptive skills necessary to reside successfully in home and community based settings. These services are provided in a community, non-site based setting on a quarterly hour basis typically using staffing ratios of 1:1 through 1:3. The intensity of service is determined by the individual and their interdisciplinary team. This service to be provided for all Day Training Non-Site based service unit exceeding the DTA limit of 80 quarterly hour units per month or 960 units annually. Services include direct service trainer, direct supervision

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$3.32             |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule: Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

***Name:*** Policy 2-8 pertaining to Day Supports

***Tx/Serv Requirement***

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided and travel. anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

***Staff Requirements***

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).



**Service Code: DTC****Service Day Training Crisis****Creation Date:** 1/25/2001**Obsolete Date:** 09/01/2002**Contract Type:** Either a non-fixed or fixed amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

The Day Training Crisis service has been established for individuals in existing Day Training programs who require a more extensive staffing ratio and level of support services than the Day Training Exceptional (DTE) service. People requiring this individually negotiated service and level of support demand an intensive behavioral oriented crisis program with a minimum of 1:1 staffing for the entire program day.

**USSDS Rates as of 7/15/2005****Unit****Rate**

Daily

\$134.22

**Service Eligibility****Eligibility****Description**

SG

SELF DETERM NON-MEDICAID

SM

SELF DETERM MEDICAID

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

***Name:*** Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support

plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

**Service Code: DTE****Service Day Training level 4-Exception****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:** 09/01/2002**Agencies Using Code**

DSPD

***Description:***

Day Training Habilitative services are provided to individuals who require training and support in the acquisition of independent living skills. The program provides individuals the opportunity to participate in activities that increase attendance to task, elicit appropriate social and emotional interaction, relieve isolation and encourage independent utilization of community resources. This code is used for individuals, residential ICAP level Five (5), requiring an intensive Behavior Modification program with a 1:1 staffing ratio. The intensity of service is approved by the Regional Director. The Regional Director can authorize the use of this service for up to 30 days. After 30 days, State Office must give approval to continue the service.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Daily       | \$74.14     |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$87.34         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 04/01/1993         | \$75.92         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$78.76         |                       |
| Daily       | COLA           | 07/10/2002         | \$82.24         | 07/01/2002            |
| Daily       | COLA           | 09/13/2004         | \$84.99         | 07/01/2004            |
| Daily       | COLA           | 07/12/2005         | \$87.34         | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>       |
|--------------------|--------------------------|
| SG                 | SELF DETERM NON-MEDICAID |
| SM                 | SELF DETERM MEDICAID     |

***Service Code******Client Assessment/Tx Plan***

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

***Contractor Qualifications***

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

***Population Served***

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

**Name:** Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

## DTH

**Service Code:** DTH

**Creation Date:** 1/25/2001

**Service** Day Training Health Supports Adjustment (Res.  
Children Only)

**Obsolete Date:** 07/01/2001

**Contract Type:** Open or non-fixed dollar amount contract required

**Agencies Using Code**

**Residential:** No

DSPD

**Description:**

Supplemental funding provided to the Day Training provider to support Attendant Care assistance for children with disabilities in residential facilities who are attending Day Training Sites during their summer school vacations. Also, adults who are severely physically challenged receiving payment at DT1 and DT2 service levels. This adjustment requires DSPD approval and is paid only under MR eligibility.

**USSDS Rates as of 7/15/2005**

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Daily              | \$7.49             |

**Service Eligibility**

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| MR                        | MR/DD                     |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code: EA1****Service Environmental Accessibility Adaptations****Contract Type:** No contract allowed for this service**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

**Description:**

This service code allows for physical adaptations to the home needed to ensure the health and welfare of the individual, or enable the individual to function with greater independence in the home. This service must be approved through the state DSPD office.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Personal Need      | \$10,000.00        |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Population Served**

Services are provided to individuals who are found eligible by DHS?DSPD. Eligibility codes that are open to this service are SM and SG.

**Tx/Serv Requirement**

Reasons for adaptations are to be documented in the individuals service plan.

**Record Keeping**

The contractor must follow state purchasing policy which includes getting price quotes from three vendors. If three are not available, a minimum of two quotes must be obtained. A copy of the bid requests and invoices will be kept with the Support Coordinator, by client. All purchases over \$5000 must be processed at the State DSPD office.

**Rate**

\$1 to \$10,000 per location.

**Service Code: EA2****Creation Date:** 1/25/2001**Service Environmental Accessibility Adaptations -  
Vehicular****Obsolete Date:****Contract Type:** No contract allowed for this service**Agencies Using Code****Residential:** No

DSPD

**Description:**

This service allows for Physical adaptations of the clients vehicle needed to ensure the health and welfare of the client, or enable the individual to function with greater independence. This service must have prior approval through the State DSPD office.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Personal Need      | \$10,000.00        |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Population Served**

Services are provided to clients who are found eligible by DHS/DSPD. Eligibility codes open for this service are SM and SG.

**Client Assessment/Tx Plan**

Reasons for adaptations are documented in the individuals service plan.

**Record Keeping**

The contractor must follow State Purchasing Policy, which included getting bids from three vendors. If three are not available, a minimum of two quotes must be obtained. A copy of the bid requests and invoices will be kept by the support coordinator, by client. All purchases over \$5000 must be processed by the State DSPD office.

**Rate**

Up to \$10,000 per client/vehicle.

# ELA

**Service Code:** ELA

**Service** Extended Community Living Supports/Adult

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

## **Description:**

Extended Community Living Supports-Adult (ELA) services are provided to clients who reside in a community living setting during the period of time they are not in a day program. ELA is for a short period of time, such as illness, recovery from surgery and/or transition between Contractors. This service may also be used on a flexible basis to accommodate the client's needs, such as time between the end of a workday and when residential services begin, if the time between work and home fluctuates regularly. Health and safety supports must be ensured by the Contractor, as well as, all other supports that lead to the desired outcome or goal of the client. This is an ancillary service and the Contractor must also be awarded one of the following, Community Living Supports (CLS), Community Living Supports Intensive (CLI), Professional Parent Services (PPS) or Host Home Services (HHS). Limitations: ELA service cannot be used in lieu of supported employment and day treatment programs. It is for extra residential coverage only, and supplements the above supports. For clients who may need long term extended supports, the CLS, CLI, PPS or HHS worksheet shall be modified to reflect the change in level of support.

## **USSDS Rates as of 7/15/2005**

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Quarter hour       | \$3.55             |

## **Service Eligibility**

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

## **Service Code**

### **Client Assessment/Tx Plan**

The Division is responsible for assessing the individual in developing their ISP/AP using Person Centered Planning (PCP). The Individual ISP/AP is developed based on the supports identified in the PCP. The ISP/AP is developed by the Support Coordinator, the Client and others requested by the Client to attend. Each client also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

### **Contractor Qualifications**

Providers must comply with all Division Administrative Rules and contract covenants pertaining to living residential supports as well as all applicable licensing requirements.

### **Population Served**

ELA services are provided to Developmental Disabled-Mentally Retarded (DD/MR) clients 22 years of age and above and Acquired Brain Injury (ABI) clients 18 years of age and above, who are found eligible by DHS/DSPD.

### **Record Keeping**

Treatment and service requirements are documented in the ISP/AP and worksheet.

### **Staff to Client Ratios**

Hours of support are established in the client's ELA Supports Worksheet and the client's ISP/AP

### **Staff Training**

Provider and staff must meet all the requirements specified in the Division's Administrative Rules and contract agreement.



## **Tx/Serv Requirement**

The Contractor must have the capacity to provide the following services directly to a client in the ELA program.

- Name:** 1) When a client in CLS, CLI, PPS or HHS is temporarily not in a day program, they may receive an extension of service hours to keep them in a community based setting.
- 2) Recommendation for an ELA service will require the consensus of the client's support team. In the event of an emergency situation, a DHS/DSPD Region Supervisor can approve temporary ELA services. The client's support team will provide follow-up within five working days.
- 3) Before this service can be established a plan will be written and include a minimum of the following components:
- a) Documentation of the client's choice of service.
  - b) Statement of justification is required.
  - c) A support need identified in the client's Individual Service Plan/Action Plan (ISP/AP) written as an outcome and support.
  - d) Time frames to identify how long this service are needed.
- 4) The Contractors reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses, which account for staff vacations, sick time, and leaves for training. Also included in the ELA rate is supervision and administration rates, and non-personnel operating costs.
- 5) When the plan calls for intermittent use of ELA services due to a recurrent condition, then each new incident will require the notification and approval of the Region Supervisor.

## **Staff Requirements**

Staffing requirements are established in the ISP/AP

**Service Code: ELC**

**Creation Date: 1/25/2001**

**Service Extended Community Living Supports/Children**

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Agencies Using Code**

**Residential:** No

DSPD

**Description:**

Extended Community Living Supports-Children (ELC) services are provided to clients who reside in community living settings during the period of time they are not in school. This service is for a short period of time, such as illness, recovery from surgery and/or transition between Contractors. This service may also be used on a flexible basis to accommodate the client's needs, such as time between the end of a workday and when residential services begin, if the time between work and home fluctuates regularly. Health and safety supports must be ensured by the Contractor as well as all other supports that lead to the desired outcome or goal of the client. This is an ancillary service and the Contractor must also be awarded one of the following, Community Living Supports (CLS), Community Living Supports Intensive (CLI), Professional Parent Service (PPS) or Host Home Services (HHS).

Limitations: The client receiving services pays room and board directly to the Contractor. Personal needs costs are covered through personal income such as social security or any other personal income (SSA, SSI, employment). Payments for ELC supports are not made for the cost of facility maintenance, routine upkeep and improvement other than the cost for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the clients who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation service. ELC Support is not available to children living in their parent/legal guardian's home.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u>  | <u>Rate</u> |
|--------------|-------------|
| Quarter hour | \$3.55      |

**Service Eligibility**

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| SG                 | SELF DETERM NON-MEDICAID  |
| SM                 | SELF DETERM MEDICAID      |

**Service Code**

**Client Assessment/Tx Plan**

The Division is responsible for assessing the individual in developing their ISP/AP using Person Centered Planning (PCP). The Individual ISP/AP is developed based on the supports identified in the PCP. The ISP/AP is developed by the Support Coordinator, the Client and others requested by the Client to attend. Each client also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all Division Administrative Rules and contract covenants pertaining to living residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to clients who are found eligible by DHS/DSPD who are under the age of 22 and who are recipients of Community Living Services and are not enrolled in school for a period-of-time. This is a Developmental Disability/Mental Retardation (DD/MR) service only

**Record Keeping**

Treatment and service requirements are documented in the ISP/AP and worksheet.

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all the requirements specified in the Division's Administrative Rules and contract agreement.

**Tx/Serv Requirement**

The Contractor must have the capacity to provide the following services directly to a client in this program.

- 1) When a client in CLS, CLI, PPS or HHS is temporarily not in a day program, they may receive an extension of service hours to keep them in a community based setting.
- 2) Recommendation for an ELC service will require the consensus of the client's support team. In the event of an emergency situation, a DHS/DSPD Region Supervisor can approve temporary ELC services. The client's support team will provide follow-up within five working days.
- 3) Before this service can be established a plan will be written and include a minimum of the following components:
  - a) Documentation of the client's choice of service.
  - b) Statement of justification is required.
  - c) A support need identified in the client's ISP/AP written as an outcome and support.
  - d) Time frames to identify how long this service are needed.
- 4) The Contractor's reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses, which account for staff vacations, sick time, and leaves for training. Also included in the ELC rate is supervision and administration rates, and non-personnel operating costs.
- 5) When the plan calls for intermittent use of ELC services due to a recurrent condition, then each new incident will require the notification and approval of the Region Supervisor.

**Staff Requirements**

Staffing requirements are established in the ISP/AP

**Service Code: ER1****Creation Date:** 1/25/2001**Service Extended Residential Support Hours Level 1****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

***Description:***

Extended Residential services funding is used to provide extended residential support, up to six hours per day, to individuals who reside in residential settings during the period of time that they are not in a day program/educational setting. The focus of the support is an extension of the goals found in the recipient's residential support plan. The level of support is determined by the individual's ICAP support plan score. This code is for individuals in need of ICAP level 1 & 2 care.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Hourly      | \$5.68          |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Hourly      | Initial Review | 03/01/1992         | \$4.94          | 07/01/2000            |
| Hourly      | COLA           | 08/09/2001         | \$5.12          | 07/01/2001            |
| Hourly      | COLA           | 07/10/2002         | \$5.35          | 07/01/2002            |
| Hourly      | COLA           | 09/13/2004         | \$5.53          | 07/01/2004            |
| Hourly      | COLA           | 07/12/2005         | \$5.68          | 07/01/2005            |

## ER2

**Service Code:** ER2

**Service** Extended Residential Support Hours Level 2

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

**Description:**

Extended Residential services funding is used to provide extended residential support, up to six hours per day, to individuals who reside in residential settings during the period of time that they are not in a day program/educational setting. The focus of the support is an extension of the goals found in the recipient's residential support plan. The level of support is determined by the individual's ICAP support plan score. This code is for individuals in need of ICAP level 3 & 4 care.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Hourly      | \$7.10          |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Hourly      | Initial Review | 03/01/1992         | \$6.17          | 07/01/2000            |
| Hourly      | COLA           | 08/09/2001         | \$6.40          | 07/01/2001            |
| Hourly      | COLA           | 07/10/2002         | \$6.69          | 07/01/2002            |
| Hourly      | COLA           | 09/13/2004         | \$6.91          | 07/01/2004            |
| Hourly      | COLA           | 07/12/2005         | \$7.10          | 07/01/2005            |

## ER3

**Service Code:** ER3

**Service** Extended Residential Support Hours Level 3

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

**Description:**

Extended Residential services funding is used to provide extended residential support, up to six hours per day, to individuals who reside in residential settings during the period of time that they are not in a day program/educational setting. The focus of the support is an extension of the goals found in the recipient's residential support plan. The level of support is determined by the individual's ICAP support plan score. This code is for individuals in need of ICAP level 5 care.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Hourly      | \$10.81         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Hourly      | Initial Review | 03/01/1992         | \$9.40          | 07/01/2000            |
| Hourly      | COLA           | 08/09/2001         | \$9.75          | 07/01/2001            |
| Hourly      | COLA           | 07/10/2002         | \$10.18         | 07/01/2002            |
| Hourly      | COLA           | 09/13/2004         | \$10.52         | 07/01/2004            |
| Hourly      | COLA           | 07/12/2005         | \$10.81         | 07/01/2005            |

## ER4

**Service Code:** ER4

**Service** Extended Residential Support Hours Level 4

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

**Description:**

Extended Residential services funding is used to provide extended residential support, up to six hours per day, to individuals who reside in residential settings during the period of time that they are not in a day program/educational setting. The focus of the support is an extension of the goals found in the recipient's residential IPP support plan. The level of service is determined by the individual's ICAP support plan score. This code is for individuals in need of ICAP level 5 care requiring a 1:1 staffing ratio.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Hourly      | \$15.93         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Hourly      | Initial Review | 03/01/1992         | \$13.85         | 07/01/2000            |
| Hourly      | COLA           | 08/09/2001         | \$14.36         | 07/01/2001            |
| Hourly      | COLA           | 07/10/2002         | \$15.00         | 07/01/2002            |
| Hourly      | COLA           | 09/13/2004         | \$15.50         | 07/01/2004            |
| Hourly      | COLA           | 07/12/2005         | \$15.93         | 07/01/2005            |

## ESR

**Service Code:** ESR

**Service** Educational Services Reimbursement

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

**Description:**

Used to pay providers for individual client enrollment fees in High School or GED completion classes, Adult Basic Education classes, or Community college courses. These educational services may consist of special education, individual tutoring and registration fees for generic educational and related services as defined in section (16) and (17) of the Individual with Disabilities Education Act, but not paid under a program funded by that Act.

***USSDS Rates as of 7/15/2005***

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Hourly             | \$14.62            |
| Personal Need      | \$500.00           |

***Service Eligibility***

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |



**Service Code: FAP****Service Fiscal Agent Payments****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

The general purpose of the Fiscal Agent is to facilitate employee wage and benefit payments for individuals authorized to receive supports and services under the DSPD Parent Managed Family Support mode. The contractor acts as the Fiscal Agent to distribute funds for family support services between the Division, the fiscal intermediary, and the Family Support employee/s of the parents.

The Fiscal Agent assists the Division in fulfilling the payroll and tax functions for employees of Parent Household Employer's. The Fiscal Agent may also distribute funds to other community supports who deliver supports and services to the family.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u>   | <u>Rate</u> |
|---------------|-------------|
| Month         | \$30.00     |
| Personal Need | \$28.50     |
| Session       | \$985.00    |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u>   | <u>MAR Rate</u> |
|---------------|-----------------|
| Session       | \$985.00        |
| Personal Need | \$3.50          |

***BCM Rate Actions***

| <u>Unit</u>   | <u>Action</u> | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------|---------------|--------------------|-----------------|-----------------------|
| Session       | Review        | 05/01/2001         | \$985.00        | 05/01/2001            |
| Personal Need | Review        | 09/20/2001         | \$3.50          | 09/19/2001            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>             |
|--------------------|--------------------------------|
| BG                 | SPINAL CHORD GENERAL FUND      |
| BM                 | SPINAL CHORD MEDICAID          |
| PG                 | NON-MEDICAID ASSISTANCE        |
| PM                 | MEDICAID ASSISTANCE            |
| PN                 | MEDICAID ASSISTANCE NURSING HM |
| SG                 | SELF DETERM NON-MEDICAID       |
| SM                 | SELF DETERM MEDICAID           |

**Service Code: FP1****Service Fingerprinting Services****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 9/ 1/2005**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

This code is to provided reimbursement of the fee charged by local law enforcement agencies providing fingerprinting services to potential and/or existing employees of families using the self-administered services model. Only fingerprinting performed by local authorities will be reimbursed under this code. The reimbursement will be paid using a fiscal agent or fiscal intermediary.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
|--------------------|--------------------|

***BCM Maximum Allowable Rate (MAR)***

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Session            | \$16.00                |

***BCM Rate Actions***

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Session            | Initial Review       | 09/01/2005                | \$16.00                | 09/01/2005                   |

**Service Code: FS1****Service Family Support Own Home Model (Parent  
Managed Services)****Creation Date:** 1/25/2001**Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DSPD

***Description:***

Family support provides direct support designed to increase the capabilities of families to care for their family member with disabilities in their natural home setting. Support is offered in one or more of the following areas: developmental programming to assist in the acquisition of self care, communication, mobility, and social skills; behavior management techniques, specialized intervention for dealing with unique health needs of the individual; and any other training or assistance which enables the family to maintain the person with disabilities at home and contribute to his/her growth and well being. The parent managed service model provides the parent the opportunity to hire the employees under a Fiscal Agent Model.

***USSDS Rates as of 7/15/2005*****Unit****Rate**

Quarter hour

\$2.89

***Service Eligibility*****Eligibility****Description**

|    |                           |
|----|---------------------------|
| BG | SPINAL CHORD GENERAL FUND |
| BM | SPINAL CHORD MEDICAID     |
| SG | SELF DETERM NON-MEDICAID  |
| SM | SELF DETERM MEDICAID      |

**Service Code: FS3****Service Family Support Service Provider  
Model-Disability Specialist****Creation Date: 1/25/2001****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DSPD

**Description:**

A professional consultant with a bachelor's degree or equivalent provides support to the individual with disabilities or those who provide care to individuals in order for the individual to achieve their potential.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u>  | <u>Rate</u> |
|--------------|-------------|
| Quarter hour | \$4.92      |

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u>  | <u>MAR Rate</u> |
|--------------|-----------------|
| Quarter hour | \$5.36          |

**BCM Rate Actions**

| <u>Unit</u>  | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|--------------|----------------|--------------------|-----------------|-----------------------|
| Quarter hour | Initial Review | 06/01/1991         | \$4.66          | 07/01/2000            |
| Quarter hour | COLA           | 08/09/2001         | \$4.83          | 07/01/2001            |
| Quarter hour | COLA           | 07/10/2002         | \$5.05          | 07/01/2002            |
| Quarter hour | COLA           | 09/13/2004         | \$5.21          | 07/01/2004            |
| Quarter hour | COLA           | 07/12/2005         | \$5.36          | 07/01/2005            |

**Service Eligibility**

| <u>Eligibility</u> | <u>Description</u>       |
|--------------------|--------------------------|
| SG                 | SELF DETERM NON-MEDICAID |
| SM                 | SELF DETERM MEDICAID     |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to community living residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

## SPECIAL RECORD KEEPING REQUIREMENTS

***Name:*** Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratio is 1:1.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1, 6 and 7D

Rule R539-7-1

Policy 2-8 pertaining to Family Assistance and Support

**Tx/Serv Requirement**

Family Assistance and Support serves the purpose of enabling the family member with a disability, which so desires, to remain in and be supported in the family home. Family Supports are intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement.

Family Assistance and Support can be provided either in or out of the home to an individual and his/her family. These supports may include provisions to accommodate the individual's disability in accessing supports offered in the community, providing instructions, and supervision and training to the family/care giver/individual in all areas of daily living. The supports may also include other activities that are identified in the individual's support plan as necessary for continued skill development. Skill development supports may include: (a) developing interventions to cope with problems or unique situations that may occur within the complexity of the family, (b) techniques of behavior supports, (c) enrollment in special summer programs, (d) social skills development, (e) appropriate leisure time activities, and (f) instruction and consultation for the individual with disabilities, the parent and/or siblings.

All waiver services available to individuals living in a community living arrangement are available to individuals remaining in and receiving waiver services in the family home.

Families may receive services through a provider who has a contract with the State to provide family support services or they may choose the "family choice model" in which the family hires and trains the employees to provide the supports. In the family choice model, the family may use individuals age 16 and older as direct providers of supports. The family choice model requires the family to use an Fiscal Intermediary Service Organization to assist them with managing the financial business and paperwork associated with the family choice model.

Limitations: Family Assistance and Support is available to individuals under age 22. Comparable services are available to

**Staff Requirements**

Staffing requirements are established in the individual's plan.

**Service Code: FS4****Service Family Support Service Provider  
Model-Behavior Analyst****Creation Date: 1/25/2001****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DSPD

**Description:**

A professional consultant with a master's degree or equivalent provides support to the individual with disabilities or those who provide care to individuals in order for the individual to achieve their potential.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u>  | <u>Rate</u> |
|--------------|-------------|
| Quarter hour | \$7.89      |

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u>  | <u>MAR Rate</u> |
|--------------|-----------------|
| Quarter hour | \$8.90          |

**BCM Rate Actions**

| <u>Unit</u>  | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|--------------|----------------|--------------------|-----------------|-----------------------|
| Quarter hour | Initial Review | 06/01/1991         | \$7.74          | 07/01/2000            |
| Quarter hour | COLA           | 08/09/2001         | \$8.03          | 07/01/2001            |
| Quarter hour | COLA           | 07/10/2002         | \$8.38          | 07/01/2002            |
| Quarter hour | COLA           | 09/13/2004         | \$8.66          | 07/01/2004            |
| Quarter hour | COLA           | 07/12/2005         | \$8.90          | 07/01/2005            |

**Service Eligibility**

| <u>Eligibility</u> | <u>Description</u>       |
|--------------------|--------------------------|
| SG                 | SELF DETERM NON-MEDICAID |
| SM                 | SELF DETERM MEDICAID     |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to community living residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

## SPECIAL RECORD KEEPING REQUIREMENTS

***Name:*** Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratio is 1:1.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1, 6 and 7D

Rule R539-7-1

Policy 2-8 pertaining to Family Assistance and Support

**Tx/Serv Requirement**

Family Assistance and Support serves the purpose of enabling the family member with a disability, which so desires, to remain in and be supported in the family home. Family Supports are intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement.

Family Assistance and Support can be provided either in or out of the home to an individual and his/her family. These supports may include provisions to accommodate the individual's disability in accessing supports offered in the community, providing instructions, and supervision and training to the family/care giver/individual in all areas of daily living. The supports may also include other activities that are identified in the individual's support plan as necessary for continued skill development. Skill development supports may include: (a) developing interventions to cope with problems or unique situations that may occur within the complexity of the family, (b) techniques of behavior supports, (c) enrollment in special summer programs, (d) social skills development, (e) appropriate leisure time activities, and (f) instruction and consultation for the individual with disabilities, the parent and/or siblings.

All waiver services available to individuals living in a community living arrangement are available to individuals remaining in and receiving waiver services in the family home.

Families may receive services through a provider who has a contract with the State to provide family support services or they may choose the "family choice model" in which the family hires and trains the employees to provide the supports. In the family choice model, the family may use individuals age 16 and older as direct providers of supports. The family choice model requires the family to use an Fiscal Intermediary Service Organization to assist them with managing the financial business and paperwork associated with the family choice model.

Limitations: Family Assistance and Support is available to individuals under age 22. Comparable services are available to

**Staff Requirements**

Staffing requirements are established in the individual's plan.

**Service Code: FS5****Creation Date:** 1/ 1/2005**Service Family Supports for the Brain Injury Specific Program****Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

Family assistance and support serves the purpose of enabling the family member with An acquired brain injury , who so desires, to remain in and be supported in the family home. FS5 is intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement. Services are provided intermittently on a consulting basis by a professional with a bachelors degree in social work or behavior sciences or four years full time paid work experience in a related field.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$4.92             |

**BCM Maximum Allowable Rate (MAR)**

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Quarter hour       | \$0.00                 |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |

**Service Code****Population Served**

Family Training for the client and their family is available to clients age 18 and over who are eligible for the Home and Community Based Waiver for Clients with a Brain Injury.

**Staff to Client Ratios**

Staff to client ratio is 1:1 or less, if more than one client is receiving the support at the same time. For those situations where two or more people are being served at the same time, the rate would be split accordingly.

**Contractor Qualifications**

A professional consultant with a bachelor's degree in social or behavior sciences, or four years of full time paid work experience in this or a related field. Family Support contractors must receive certification from DHS/DSPD

**Tx/Serv Requirement**

Family assistance and Support can be provided either in or out of the home to an individual and his/her family. These supports may include provisions to accommodate the individual's disability in accessing supports offered in the community, providing instructions and supervision and training to the family/caregiver/client in all areas of daily living. The supports may also include other activities that are identified in the client's support plan as necessary for continued skill development. Skill development supports may include:

- 1)Developing interventions to cope with problems or unique situations that may occur within the complexity of the family,
- 2)Techniques of behavior supports,
- 3)Enrollment in special summer programs,
- 4)Social skills development,
- 5)Appropriate leisure time activities,
- 6)Instruction and consultation for the individual with disabilities, the parent and/or sibling(s).

The contractor will provide a written plan including a minimum of the following components:



1) Documentation of the client choice of service,

***Name:*** 2) Statement of Justification,

3) A support need identified in the AP and ISP written as an outcome and support,

4) Time frames established to identify how long this service is needed.

This service is usually purchased separately from other services. The Contractor's reimbursement for this service is direct personnel costs and is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related

**Service Code: FS6****Creation Date:** 1/ 1/2005**Service Family Supports for the Brain Injury Specific Program****Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

Family assistance and support serves the purpose of enabling the family member with An acquired brain injury , who so desires, to remain in and be supported in the family home. FS6 is intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement. Services are provided intermittently on a consulting basis by a professional with a masters degree in social work or behavior sciences or six years full time paid work experience in a related field.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$7.89             |

**BCM Maximum Allowable Rate (MAR)**

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Quarter hour       | \$0.00                 |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |

**Service Code****Outcome Requirements**

Family Training for the client and their family is available to clients age 18 and over who are eligible for the Home and Community Based Waiver for Clients with a Brain Injury.

**Staff to Client Ratios**

Staff to client ratio is 1:1 or less, if more than one client is receiving the support at the same time. For those situations where two or more people are being served at the same time, the rate would be split accordingly.

**Contractor Qualifications**

A professional consultant with a masters degree in social or behavior sciences, or six years of full time paid work experience in this or a related field. Family Support contractors must receive certification from DHS/DSPD

**Tx/Serv Requirement**

Family assistance and Support can be provided either in or out of the home to an individual and his/her family. These supports may include provisions to accommodate the individual's disability in accessing supports offered in the community, providing instructions and supervision and training to the family/caregiver/client in all areas of daily living. The supports may also include other activities that are identified in the client's support plan as necessary for continued skill development. Skill development supports may include:

- 1)Developing interventions to cope with problems or unique situations that may occur within the complexity of the family,
- 2)Techniques of behavior supports,
- 3)Enrollment in special summer programs,
- 4)Social skills development,
- 5)Appropriate leisure time activities,
- 6)Instruction and consultation for the individual with disabilities, the parent and/or sibling(s).

The contractor will provide a written plan including a minimum of the following components:

1) Documentation of the client choice of service,

***Name:*** 2) Statement of Justification,

3) A support need identified in the AP and ISP written as an outcome and support,

4) Time frames established to identify how long this service is needed.

This service is usually purchased separately from other services. The Contractor's reimbursement for this service is direct personnel costs and is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related

## FSV

**Service Code: FSV**

**Service Family Assistance Individualized Rate-Center  
Purchases**

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Agencies Using Code**

DSPD

***Description:***

Various items needed to support individuals to live in their family home setting. Items may include classes to train parents, and/or funding to buy or repair equipment/personal items.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Session            | \$2,000.00         |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code: FTP**

**Creation Date: 1/25/2001**

**Service DCFS: Family Transportation Payment-Non  
Medical Mileage. DSPD: Transportation  
Supports/Per Mile**

**Obsolete Date:**

**Contract Type:** No contract allowed for this service

**Agencies Using Code**

**Residential:** No

DCFS

DSPD

***Description:***

DCFS

Payments made to Foster Parents to cover the cost of transporting Foster Care youth to and from activities which are included in the service plan. These activities may include medical, dental, and mental health appointment if the child is not medicaid eligible. The requested daily rate of \$8.70 is a negotiated rate used in a sole source contract for a child in DCFS custody placed in California and is the cost to transport the child to and from school, daily. It is based on actual charges out of state. The provider must pay to have a child in DCFS custody transported daily to and from and off site school.

DSPD

Transportation supports serve the purpose of allowing the person access to other supports necessary to live an inclusive community life. They are only provided as independent services when transportation is not otherwise available as an element of another service. The need for transportation must be documented as necessary to fulfill other identified support in the Individual Service Plan and the associated documents. Transportation Supports will pay the established per-mile rate for transportation approved under the individual's Individual Support Plan.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u>    | <u>Rate</u> |
|----------------|-------------|
| Month          | \$999.99    |
| Daily          | \$8.70      |
| Mile           | \$0.32      |
| Trip or Ticket | \$999.00    |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Mile        | \$0.40          |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Mile        | Initial Review | 07/01/1999         | \$0.32          | 07/01/2000            |
| Mile        | COLA           | 08/09/2001         | \$0.34          | 07/01/2001            |
| Mile        | COLA           | 07/10/2002         | \$0.36          | 07/01/2002            |
| Mile        | Review         | 09/13/2004         | \$0.38          | 07/01/2004            |
| Mile        | COLA           | 07/12/2005         | \$0.40          | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| BM                 | SPINAL CHORD MEDICAID     |

FB CHILD WELFARE NON IV-E  
 SG SELF DETERM NON-MEDICAID  
**Name:** SM SELF DETERM MEDICAID

## ***Service Code***

### **Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

### **Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to transportation as well as all applicable licensing and certification requirements.

### **Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

### **Record Keeping**

Treatment and service requirements are documented in the individual's plan and community living worksheet.

### **SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention.

### **Staff to Client Ratios**

N/A

### **Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedure 6E

Rule R539-8-4

Policy 2-8 pertaining to Transportation Supports

### **Tx/Serv Requirement**

Transportation Supports are only provided as independent waiver services when transportation is not otherwise available as an element of another waiver service. The need for transportation must be documented as necessary to fulfill other identified supports in the individual support plan and the associated outcomes.

Transportation (codes MTP and RTS) are for services provided to individuals who are attending a day training, prevocational service, or supported employment. Transportation is provided to and from the individual's own home or residential site by the day training provider or from their residential site by the residential provider to the day training, prevocational service or supported employment location.

Transportation in a private vehicle will be reimbursed at the FTP mileage rate. Individuals providing the service must have a valid Utah Driver License and liability insurance as required by state law. This transportation option must be pre approved by the regional director.

Limitations: Medicaid payment for transportation under the approved waiver plan is not available through medical transportation, transportation available through the State plan, transportation that is available at no charge, or as part of administrative expenditures. Additional transportation supports will not be available to residential or day support providers contracted to provide transportation to and from the person's residence to the site(s) of a day support when payment for transportation is included in the established rate paid to the community living or day support provider.

### **Staff Requirements**

Staffing requirements are established in the individual worksheets.

**Service Code: HAP****Creation Date: 1/25/2001****Service Community Based Housing Allowance Program****Obsolete Date:****Contract Type:** No contract allowed for this service**Agencies Using Code****Residential:** No

DSPD

**Description:**

To assist individuals participating in Division residential programs to meet the housing costs attributable to the acquisition, retention, use, and occupancy of a personal home or community residential living in the community. The Division will provide a monthly rental allowance based upon the amount indicated on the Community-Based Housing Allowance application. This program is a Human Services' State Agency Grant and is not counted as income towards the individual's benefits.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Month              | \$408.75           |
| Personal Need      | \$4,905.00         |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code****Client Assessment/Tx Plan**

N/A

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to community living residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals receiving Community Living Residential or Residential Supports who provide documentation of their application to their local housing authority.

**Record Keeping****SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention. Records of rental payments must also be maintained.

**Staff to Client Ratios**

N/A

**Staff Training**

N/a

**Tx/Serv Requirement**

The Division provides monthly rental allowance based upon the amount indicated on the Community Based Housing Allowance Application. The Community - Based Housing Assistance program assists individuals participating in Division of Services for People with Disabilities residential programs to meet the housing costs attributable to the acquisition, retention, use, and occupancy of a personal home or Community Residential Living arrangements in the community. This program is to assist the individual/ provider in meeting rent shortfalls. The Community-Based Housing Assistance program is a Human Services State Agency Grant and is, as such, not counted as income towards the individual's benefits. This service is based upon budget constraints. The Housing Assistance form must be done on all individuals to determine housing costs even if additional

## HAP

housing allowance is not required. The HAP payment is not part of the person's budget and must be released back to the individual on ***Name:*** Region when community housing assistance becomes available. The relinquished HAP funds will be used for an

### **Staff Requirements**

N/A



**Service Code: HHS****Service Host Home Supports****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Host Home Supports are designed to assist an individual in gaining and/or maintaining skills to live as independently as possible in a community home like setting, and based on the outcome for community living indicated in the individual's support plan, live in a one to two person host home setting they choose. The individual's support plan identifies the type, frequency and amount of support required by the person based on their preferences. Supports can include up to 24 hours of supervision but the actual hours of direct care staff support will be indicated in the individual's support plan. Host Homes primarily serve adults with disabilities 19 years of age and older who desire to live in a private residence. The individual's level of support will be based upon an individualized support plan and transferred to a Host Home Worksheet to determine the specific daily rate for the individual.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Daily              | \$211.56           |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code: HS1****Service Homemaker Services Fiscal Intermediary Model****Creation Date: 1/1/2005****Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Agencies Using Code**

DSPD

**Description:**

Homemaker Supports (Fiscal Agent-Self Administered Services model) (HS1) is a service needed to maintain a clean, sanitary and safe home environment for the Developmentally Disabled/Mentally Retarded (DD/MR) and Acquired Brain Injury (ABI) clients. It includes light housekeeping and meal preparation. These services will be provided only in cases where neither the client nor others in the household are capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer agency or third party payor is capable of or responsible for their provision. This service is administered by the Self Administered Services model through a Fiscal Agent.

**USSDS Rates as of 7/15/2005****Unit**

Quarter hour

**Rate**

\$3.16

**Service Eligibility****Eligibility****Description**

|    |                           |
|----|---------------------------|
| BG | SPINAL CHORD GENERAL FUND |
| BM | SPINAL CHORD MEDICAID     |
| SG | SELF DETERM NON-MEDICAID  |
| SM | SELF DETERM MEDICAID      |

**Service Code****Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to chore and homemaker services as all applicable licensing and certification requirements. Must be able to prepare nutritious meals and perform light housekeeping such as dusting, vacuuming, sweeping, making beds and other such services. For heavy chore services see Chore Services (CH1).

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division. Population Served includes both DDMR and ABI eligible clients, in service with DSPD.

**Other**

This is a direct service and is not a skills training service. Documentation of services will be maintained by the employer, including any other documentation required by the contract to assure compliance with Division billing requirements. DHS/DSPD may randomly select clients to be reviewed. Unsatisfactory findings may result in DHS/DSPD taking appropriate action(s) that may include termination of the contract.

**Service Code: HSQ****Service Homemaker Services****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

**Description:**

Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. These services must not be available under the state plan.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$3.77             |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to chore and homemaker services as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan .

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1 hourly based on the individual's plan.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule: Policy 2-8 pertaining to Chore and Homemaker Supports

**Tx/Serv Requirement**

Chore and Homemaker supports serve the purpose of maintaining a clean, sanitary and safe living environment in the person's residence.

***Name:*** Chore and Homemaker supports consist of heavy household chores such as snow removal, scrubbing floors. Carpets, furniture, windows, and walls or moving heavy items of furniture. The service also includes general household activities when the individual usually responsible for the general household activities is absent or needs assistance.

Chore and Homemaker supports may be provided by individuals over the age of 16 who are physically able to complete such

### **Staff Requirements**

Staffing requirements are established in the individual's plan.

**Service Code: LKS****Service Latch Key Services****Contract Type:** No contract allowed for this service**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Latch Key Services: supervision is provided to children with disabilities 13 years of age and older who are eligible for Division services, who are living with family, and whose parents are working or going to school. Latch Key services may be provided only when no other education or child care programs are available. Latch Key services shall be provided through licensed or certified Department of Human Services Child Care Providers. Latch Key providers will provide child care services under an individualized support plan. The Latch Key code will be used for DSPD Child Care services provided to children with disabilities 12 years of age or younger who are eligible for Division services, who are living with family, and whose parents are working or going to school. Child Care services will be funded only under Division general funds. Child Care will reimburse only for the difference between what the Child Care Center would typically charge the parent for child care services and the supplementary funds needed to meet the additional treatment / staffing needs documented in the Family Centered Plan.

***USSDS Rates as of 7/15/2005*****Unit**

Hourly

**Rate**

\$8.02

***Service Eligibility*****Eligibility**

SG

SM

**Description**

SELF DETERM NON-MEDICAID

SELF DETERM MEDICAID

# MAG

**Service Code: MAG**

**Service Older Adult Assistance**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Payments made on a monthly basis to families of individuals with disabilities to provide services to enhance the individual's quality of life and assist the family in maintaining the individual in the family home.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Month              | \$170.67           |
| Personal Need      | \$2,000.00         |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

# MRE

**Service Code: MRE**

**Service Mental Retardation Evaluation**

**Contract Type:** Closed or fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

The Mental Retardation Evaluation code is used for payment of individuals who are referred to DSPD Contracted Medical Clinics for Medication and/or psychiatric/Behavioral Evaluations.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Session            | \$150.00           |
| Month              | \$4,333.33         |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| MR                        | MR/DD                     |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code: MTP****Service Transportation Service****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

**Description:**

Transportation services are provided to individuals who are attending a day training, prevocational service, or supported employment. Transportation services are provided to and from the individual's own home or residential site by the day training

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Daily       | \$7.73      |

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$9.49          |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 07/01/1993         | \$8.25          | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$8.55          | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$8.93          | 07/01/2002            |
| Daily       | COLA           | 09/13/2004         | \$9.23          | 07/01/2004            |
| Daily       | COLA           | 07/12/2005         | \$9.49          | 07/01/2005            |

**Service Eligibility**

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| BM                 | SPINAL CHORD MEDICAID     |
| SG                 | SELF DETERM NON-MEDICAID  |
| SM                 | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to transportation as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .



**Record Keeping**

Treatment and service requirements are documented in the individual's plan and community living worksheet.

**Name:**

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention.

**Staff to Client Ratios**

N/A

provider.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedure 6E

Rule R539-8-4

Policy 2-8 pertaining to Transportation Supports

**Tx/Serv Requirement**

Transportation Supports are only provided as independent waiver services when transportation is not otherwise available as an element of another waiver service. The need for transportation must be documented as necessary to fulfill other identified supports in the individual support plan and the associated outcomes.

Transportation (codes MTP and RTS) are for services provided to individuals who are attending a day training, prevocational service, or supported employment. Transportation is provided to and from the individual's own home or residential site by the day training provider or from their residential site by the residential provider to the day training, prevocational service or supported employment location.

Transportation in a private vehicle will be reimbursed at the FTP mileage rate. Individuals providing the service must have a valid Utah Driver License and liability insurance as required by state law. This transportation option must be pre approved by the regional director.

Limitations: Medicaid payment for transportation under the approved waiver plan is not available through medical transportation, transportation available through the State plan, transportation that is available at no charge, or as part of administrative expenditures. Additional transportation supports will not be available to residential or day support providers contracted to provide transportation to and from the person's residence to the site(s) of a day support when payment for transportation is included in the established rate paid to the community living or day support provider.

**Staff Requirements**

Staffing requirements are established in the individual worksheets.

## P5A

**Service Code: P5A**

**Service Professional Parent Home Level 5-Medical**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

***Description:***

Professional Parent homes provide opportunities for individuals with disabilities to live in homes with one or two other individuals with disabilities. Professional parents are trained to provide residential services to children who meet DSPD's eligibility requirements and require a less restrictive setting in order to maximize independence and self-sufficiency. Therapeutic trained staff augment specialized services provided by Physician, Registered Nurse, Physical Therapist or other medical professional to meet the individuals identified needs. This service code is for individuals in need of level 5 care. In order for an individual to receive funding at the P5 level he/she requires a ICAP service score indicating a level 5 rate.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

## P5B

**Service Code: P5B**

**Service Professional Parent Home Level 5-Behavior**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

***Description:***

Professional Parent homes provide opportunities for individuals with disabilities to live in homes with one or two other individuals with disabilities. Professional parents are trained to provide residential services to children who meet DSPD's eligibility requirements and require a less restrictive setting in order to maximize independence and self-sufficiency. Therapeutic trained staff augment specialized services provided by Psychologist, Behavior Specialist or other needed personnel to meet the individuals identified needs. This service code is for individuals in need of level 5 care. In order for an individual to receive funding at the P5 level he/she requires a ICAP service score indicating a level 5 rate.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

## P5C

**Service Code: P5C**

**Service Professional Parent Home Level 5-Prior**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

***Description:***

Professional Parent homes provide opportunities for individuals with disabilities to live in homes with one or two other individuals with disabilities. Professional parents are trained to provide residential services to children who meet DSPD's eligibility requirements and require a less restrictive setting in order to maximize independence and self-sufficiency. Therapeutic trained staff augment specialized services to meet the individuals identified needs. The Case Manager must obtain Division approval prior to implementation of this rate. This service code is for individuals in need of intensive level 5 care. In order for an individual to receive funding at the P5 level he/she requires a ICAP service score indicating a level 5 rate and a completed Individualized level 5 Worksheet.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

# PAC

**Service Code: PAC**

**Service Personal Assistance/Care Services Program**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Hands on care, of both a medical and non-medical supportive nature, specific to the needs of a medically stable, physically handicapped individual. This service may include skilled medical care and health maintenance to the extent permitted by State law and certified by the recipient's physician. Housekeeping, chore services, and other reasonable and necessary activities which are incidental to the performance to the client based care may also be furnished as part of this activity. Personal assistance services are provided on a regularly scheduled basis and are available to individuals who live alone, with roommates, a spouse or children. Services may be provided in the recipient's place of residence or in settings outside the place of residence.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$2.72             |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b>      |
|---------------------------|--------------------------------|
| PG                        | NON-MEDICAID ASSISTANCE        |
| PM                        | MEDICAID ASSISTANCE            |
| PN                        | MEDICAID ASSISTANCE NURSING HM |
| SG                        | SELF DETERM NON-MEDICAID       |

**Service Code: PAP**

**Service Consumer Preparation Services**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Services designed to ensure that individuals receiving supports through the Personal Assistance Services program are prepared to supervise and direct their personal assistance services. The need for and type of Consumer Preparation Services will vary depending upon the nature of the recipients disability and his/her experience in directing and supervising personal attendants. CPS will be provided by qualified agencies under contract with DSPD. Services may include instruction in methods of identifying personal needs and effectively communicating those needs to service provider; Instructions in the management of personal attendants; Instructions in addressing problems. Individuals providing this service typically will have at least a high school education with experience. College graduate with experience preferred.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$5.12             |
| Personal Need      | \$20.00            |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b>      |
|---------------------------|--------------------------------|
| BG                        | SPINAL CHORD GENERAL FUND      |
| BM                        | SPINAL CHORD MEDICAID          |
| PG                        | NON-MEDICAID ASSISTANCE        |
| PM                        | MEDICAID ASSISTANCE            |
| PN                        | MEDICAID ASSISTANCE NURSING HM |
| SG                        | SELF DETERM NON-MEDICAID       |
| SM                        | SELF DETERM MEDICAID           |

# PAS

**Service Code: PAS**

**Service OBRA Evaluation Payment**

**Contract Type:** Closed or fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

The OBRA evaluation Code, PAS, is used to pay for the Division's OBRA specialist initial PASSR nursing evaluation.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Session            | \$376.33           |
| Hourly             | \$92.16            |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| MR                        | MR/DD                     |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code: PEI****Service Personal Emergency Response System  
Installation****Creation Date: 7/20/2005****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DSPD

***Description:***

PEI is established established for the installation fee of a device whose purpose is to give 24 hour access to emergency personnel and provide artificial companionship during times of insecurity or crisis. The correct installation of this device is related to the operation of the device. It is the contractors responsibility to ensure it is in working order prior to leaving the clients location.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Personal Need      | \$50.00            |

***BCM Maximum Allowable Rate (MAR)***

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Personal Need      | \$0.00                 |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b>      |
|---------------------------|--------------------------------|
| BG                        | SPINAL CHORD GENERAL FUND      |
| BM                        | SPINAL CHORD MEDICAID          |
| PG                        | NON-MEDICAID ASSISTANCE        |
| PM                        | MEDICAID ASSISTANCE            |
| PN                        | MEDICAID ASSISTANCE NURSING HM |
| SG                        | SELF DETERM NON-MEDICAID       |
| SM                        | SELF DETERM MEDICAID           |

***Service Code******Population Served***

Services are available to individuals who are found eligible by the division.

***Contractor Qualifications***

Contractors must be certified to install the device.



**Service Code: PEM**

**Creation Date: 7/20/2005**

**Service Medication Dispensary Device and Emergency Response Device**

**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Agencies Using Code**

**Residential:** No

DSPD

***Description:***

To provide a two way telecommunications system that offers a variety of security and emergency response services. The system shall be connected to the clients telephone and programmed to signal a response center maintained by the contractor. In addition, the contractor will provide a Medication Dispensary Device, which is an automated medication dispenser that a client uses to dispenses the proper dosage of medication at a specified time. The device includes a timed alarm system and a two-way voice monitoring system to assist clients in taking their medications at the correct time as prescribed.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Month              | \$91.00            |

***BCM Maximum Allowable Rate (MAR)***

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Month              | \$0.00                 |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

***Service Code***

***Population Served***

Clients with mental retardation or related conditions, and acquired brain injury in accordance with DHS>DSPD eligibility requirements as outlined in Admin Rule R539-1

***Contractor Qualifications***

Contractor must possess a current business license and be able to provide the service to clients living in remote areas of the state of Utah. The contractor shall insure a response center is staffed by trained professionals, licensed by the state of Utah as a Home Health Agency or licensed by the FCC as an alarm system network. Contractor shall train clients at the time of installation on how to properly set up and test their units and provide them with a users manual. Installed units shall be tested on a monthly basis including battery status and monitored by the contractor.

**Service Code: PEP**

**Service Personal Emergency Response System  
Purchase Fee**

**Creation Date:** 12/13/2003

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DSPD

***Description:***

PEP is established for the purchase fee of a device whose purpose is to give 24 hour access to emergency personnel and provide artificial companionship during times of insecurity or crisis.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Personal Need      | \$225.91           |

***BCM Maximum Allowable Rate (MAR)***

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Personal Need      | \$0.00                 |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b>      |
|---------------------------|--------------------------------|
| BG                        | SPINAL CHORD GENERAL FUND      |
| BM                        | SPINAL CHORD MEDICAID          |
| PG                        | NON-MEDICAID ASSISTANCE        |
| PM                        | MEDICAID ASSISTANCE            |
| PN                        | MEDICAID ASSISTANCE NURSING HM |
| SG                        | SELF DETERM NON-MEDICAID       |
| SM                        | SELF DETERM MEDICAID           |

***Service Code***

**Population Served**

Services are provided to individuals who are found eligible by the division.

**Contractor Qualifications**

Contractors must be knowledgeable in the area of emergency response systems.

**Other**

Lost or abused rescue alert unit replacements and rescue alert personal help buttons replacement will be invoiced directly to the client

**Tx/Serv Requirement**

Personal Emergency Response System (PER) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. The system is connected to the individuals phone and programmed to signal a response center once a "help" button is activated. the response center is staffed by trained professionals. The PER system is limited to those individuals who live alone or live with others who are unable to respond to an emergency, or who are alone with no regular caretaker for extended periods of time, and who would otherwise require extended routine supervision.

**Rate**

Need: Actual costs for a one time purchase of PER equipment when such purchase does not duplicate monthly rental fees.

*Name:*

## PER

**Service Code: PER**

**Service Personal Emergency Response System**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

### ***Description:***

Personal Emergency Response System (PER) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. The system is connected to the individuals phone and programmed to signal a response center once a "help" button is activated. the response center is staffed by trained professionals. The PER system is limited to those individuals who live alone or live with others who are unable to respond to an emergency, or who are alone with no regular caretaker for extended periods of time, and who would otherwise require extended routine supervision.

Need: Actual costs up to a maximum of \$275.91 for a one time purchase of PER equipment when such purchase does not duplicate monthly rental fees.

### ***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Month              | \$38.66            |

### ***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b>      |
|---------------------------|--------------------------------|
| BG                        | SPINAL CHORD GENERAL FUND      |
| BM                        | SPINAL CHORD MEDICAID          |
| PG                        | NON-MEDICAID ASSISTANCE        |
| PM                        | MEDICAID ASSISTANCE            |
| PN                        | MEDICAID ASSISTANCE NURSING HM |
| SG                        | SELF DETERM NON-MEDICAID       |
| SM                        | SELF DETERM MEDICAID           |

**Service Code: PP1**

**Service Professional Parent Home Level 1**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

***Description:***

Professional Parent homes provide opportunities for individuals with disabilities to live in homes with one or two other individuals with disabilities. Professional parents are trained to provide residential services to children who meet DSPD's eligibility requirements and require a less restrictive setting in order to maximize independence and self-sufficiency. The level of service intensity is decided by ICAP. This service code is for individuals in need of level 1 care.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

## PP2

**Service Code: PP2**

**Service Professional Parent Home Level 2**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

***Description:***

Professional Parent homes provide opportunities for individuals with disabilities to live in homes with one or two other individuals with disabilities. Professional parents are trained to provide residential services to children who meet DSPD's eligibility requirements and require a less restrictive setting in order to maximize independence and self-sufficiency. The level of service intensity is decided by ICAP. This service code is for individuals in need of level 2 care.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

**Service Code: PP3**

**Service Professional Parent Home Level 3**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

***Description:***

Professional Parent homes provide opportunities for individuals with disabilities to live in homes with one or two other individuals with disabilities. Professional parents are trained to provide residential services to children who meet DSPD's eligibility requirements and require a less restrictive setting in order to maximize independence and self-sufficiency. The level of service intensity is decided by ICAP. This service code is for individuals in need of level 3 care.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

## PP4

**Service Code: PP4**

**Service Professional Parent Home Level 4**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

***Description:***

Professional Parent homes provide opportunities for individuals with disabilities to live in homes with one or two other individuals with disabilities. Professional parents are trained to provide residential services to children who meet DSPD's eligibility requirements and require a less restrictive setting in order to maximize independence and self-sufficiency. The level of service intensity is based on the consumer's ICAP score. This service code is for individuals in need of level 4 care.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**



**Service Code: PPS**

**Service Professional Parent Supports**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Professional Parent Supports are designed to assist an individual gain and/or maintain skills to live as independently as possible in a community home like setting, and based on the outcome for community living indicated in the individual's support plan, live in a one to two person professional parent setting they choose. The individual's support plan identifies the type, frequency and amount of support required by the person based on their preferences. Supports can include up to 24 hours of supervision but the actual hours of direct care staff support will be indicated in the individual's support plan. Professional parents primarily serve children with disabilities under 18 years of age in private residences. The individual's level of support will be based upon an individualized support plan and transferred to a Professional Parent Worksheet to determine the specific daily rate for the individual.

***USSDS Rates as of 7/15/2005***

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Daily              | \$211.56           |

***Service Eligibility***

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

## R1A

**Service Code: R1A**

**Service Residential Services Level 1 Base Rate**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

### **Description:**

Residential services that provide training in daily living, home management, and social skills: money management; community access; behavioral management; leisure time management; and personal health maintenance and hygiene. The reimbursement rates vary depending upon the individual's ICAP service score. This code is for individuals who are in need of level 1 care.

### **USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
|--------------------|--------------------|

### **BCM Maximum Allowable Rate (MAR)**

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
|--------------------|------------------------|

|       |         |
|-------|---------|
| Daily | \$53.29 |
|-------|---------|

### **BCM Rate Actions**

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Daily              | Initial Review       | 12/01/1990                | \$46.33                | 07/01/2000                   |
| Daily              | COLA                 | 08/09/2001                | \$48.06                | 07/01/2001                   |
| Daily              | COLA                 | 07/11/2002                | \$50.18                | 07/01/2002                   |
| Daily              | COLA                 | 09/15/2004                | \$51.86                | 07/01/2004                   |
| Daily              | COLA                 | 07/12/2005                | \$53.29                | 07/01/2005                   |

### **Service Code**

#### **Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

#### **Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

#### **Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

#### **Record Keeping**

Treatment and service requirements are documented in the individual's plan.

#### **SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

#### **Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

***Name:*** Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

Residential services include skills training in daily living, home management, and social skills: money management, community access; behavioral management; leisure time management; and personal health maintenance and hygiene. The reimbursement rates vary depending upon the individual's service score. Typically a group home is a single residence (home) in which four (4) to eight (8) individuals with disabilities reside. A Supported Apartment or mini group home setting is three (3) or less individuals.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

## R1B

**Service Code: R1B**

**Service Residential Services Level 1 Medical Supervision**

**Creation Date:** 1/26/2001

**Obsolete Date:** 07/01/2001

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DSPD

### **Description:**

This residential service includes all the services described within the basic rate. In addition, a Medical Supervision Adjustment has been added to the Basic Rate to assist providers in funding an additional Licensed Health Care Professional to provide daily nursing services to those individuals whose disabilities meet the qualifying condition found on the Medical Adjustment Worksheet.

### **USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
|--------------------|--------------------|

### **BCM Maximum Allowable Rate (MAR)**

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Daily              | \$73.02                |

### **BCM Rate Actions**

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Daily              | Initial Review       | 12/01/1990                | \$63.47                | 07/01/2000                   |
| Daily              | COLA                 | 08/09/2001                | \$65.84                | 07/01/2001                   |
| Daily              | COLA                 | 07/11/2002                | \$68.75                | 07/01/2002                   |
| Daily              | COLA                 | 09/15/2004                | \$71.05                | 07/01/2004                   |
| Daily              | COLA                 | 07/12/2005                | \$73.02                | 07/01/2005                   |

### **Service Code**

#### **Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

#### **Contractor Qualifications**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

#### **Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

#### **Record Keeping**

Treatment and service requirements are documented in the individual's plan.

#### **SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

#### **Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

This residential service includes all the services described within the basic community residential living rate. In addition, a Medical Supervision Adjustment has been added to the Basic Rate to assist providers in funding an additional Licensed Health Care Professional to provide daily nursing services to those individuals whose disabilities meet the qualifying condition.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R1C****Creation Date:** 1/26/2001**Service Residential Services Level 1 Health Supports****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This residential service includes all the services described within the basic rate. In addition, a Health Supports Adjustment has been added to the basic rate to assist providers in funding additional aide time to provide daily assistance to individuals who require a wheelchair for mobility and need continuous physical assistance for bathing, dressing, and transfers. To qualify for this adjustment, the individual must meet the qualifying conditions found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$68.46         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 12/01/1990         | \$59.51         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$61.73         | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$64.45         | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$66.61         | 07/01/2004            |
| Daily       | COLA           | 07/12/2005         | \$68.46         | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
Policy 2-7 Provider Training and Personnel Requirements  
Rule R539-8-5  
Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

This residential service includes all the services described within the basic community residential living rate. In addition, a Health Supports Adjustment has been added to the Basic Rate to assist providers in funding additional aide time to provide daily assistance to individuals who require a wheelchair for mobility and need continuous physical assistance for bathing, dressing, and transfers. To qualify for this adjustment the individual must meet qualifying conditions.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R1D****Creation Date:** 1/26/2001**Service Residential Services, Level 1 Medical & Health Supports****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This residential service includes the Basic services plus both the Medical Supervision and the Health Support services. Individuals must meet the qualifying conditions found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
|-------------|-----------------|

|       |         |
|-------|---------|
| Daily | \$88.18 |
|-------|---------|

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 12/01/1990         | \$76.65         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$79.51         | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$83.02         | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$85.81         | 07/01/2004            |
| Daily       | COLA           | 07/12/2005         | \$88.18         | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).



**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

***Name:*** Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

This residential service includes the basic community residential living rate plus both of the above Medical Supervision and Health Support services. Individuals must meet the qualifying conditions.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet

## R2A

**Service Code: R2A**

**Service Residential Services Level 2 Base Rate**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

### **Description:**

Residential services that provide training in daily living, home management, and social skills: money management; community access; behavioral management; leisure time management; and personal health maintenance and hygiene. The reimbursement rates vary depending upon the individual's ICAP service score. This code is for individuals who are in need of level 2 care.

### **USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
|--------------------|--------------------|

### **BCM Maximum Allowable Rate (MAR)**

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
|--------------------|------------------------|

|       |         |
|-------|---------|
| Daily | \$72.54 |
|-------|---------|

### **BCM Rate Actions**

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Daily              | Initial Review       | 12/01/1990                | \$63.06                | 07/01/2000                   |
| Daily              | COLA                 | 08/09/2001                | \$65.41                | 07/01/2001                   |
| Daily              | COLA                 | 07/11/2002                | \$68.30                | 07/01/2002                   |
| Daily              | COLA                 | 09/15/2004                | \$70.59                | 07/01/2004                   |
| Daily              | COLA                 | 07/12/2005                | \$72.54                | 07/01/2005                   |

### **Service Code**

#### **Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

#### **Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

#### **Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

#### **Record Keeping**

Treatment and service requirements are documented in the individual's plan.

#### **SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

#### **Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

***Name:*** Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

Residential services include skills training in daily living, home management, and social skills: money management, community access; behavioral management; leisure time management; and personal health maintenance and hygiene. The reimbursement rates vary depending upon the individual's service score. Typically a group home is a single residence (home) in which four (4) to eight (8) individuals with disabilities reside. A Supported Apartment or mini group home setting is three (3) or less individuals.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R2B****Service Residential Services Level 2 Medical Supervision****Creation Date: 1/26/2001****Obsolete Date: 07/01/2001****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DSPD

**Description:**

This residential service includes all the services described within the basic level 2 rate. In addition, a Medical Supervision Adjustment has been added to the Basic Rate to assist providers in funding an additional Licensed Health Care Professional to provide daily nursing services to those individuals whose disabilities meet the qualifying condition found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005****Unit****Rate****BCM Maximum Allowable Rate (MAR)****Unit****MAR Rate**

Daily

\$92.26

**BCM Rate Actions**

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Daily              | Initial Review       | 12/01/1990                | \$80.20                | 07/01/2000                   |
| Daily              | COLA                 | 08/09/2001                | \$83.19                | 07/01/2001                   |
| Daily              | COLA                 | 07/11/2002                | \$86.87                | 07/01/2002                   |
| Daily              | COLA                 | 09/15/2004                | \$89.78                | 07/01/2004                   |
| Daily              | COLA                 | 07/12/2005                | \$92.26                | 07/01/2005                   |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

This residential service includes all the services described within the basic community residential living rate. In addition, a Medical Supervision Adjustment has been added to the Basic Rate to assist providers in funding an additional Licensed Health Care Professional to provide daily nursing services to those individuals whose disabilities meet the qualifying condition.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R2C****Creation Date:** 1/26/2001**Service Residential Services Level 2 Health Supports****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This residential service includes all the services described within the basic level 2 rate. In addition, a Health Supports Adjustment has been added to the basic rate to assist providers in funding additional aide time to provide daily assistance to individuals who require a wheelchair for mobility and need continuous physical assistance for bathing, dressing, and transfers. To qualify for this adjustment, the individual must meet the qualifying conditions found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005****Unit****Rate****BCM Maximum Allowable Rate (MAR)****Unit****MAR Rate**

Daily

\$87.70

**BCM Rate Actions****Unit****Action****Action Date****New Rate****Effective Date**

Daily

Initial Review

12/01/1990

\$76.24

07/01/2000

Daily

COLA

08/09/2001

\$79.08

07/01/2001

Daily

COLA

07/11/2002

\$82.58

07/01/2002

Daily

COLA

09/15/2004

\$85.34

07/01/2004

Daily

COLA

07/12/2005

\$87.70

07/01/2005

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
Policy 2-7 Provider Training and Personnel Requirements  
Rule R539-8-5  
Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

This residential service includes all the services described within the basic community residential living rate. In addition, a Health Supports Adjustment has been added to the Basic Rate to assist providers in funding additional aide time to provide daily assistance to individuals who require a wheelchair for mobility and need continuous physical assistance for bathing, dressing, and transfers. To qualify for this adjustment the individual must meet qualifying conditions.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R2D****Creation Date:** 1/26/2001**Service Residential Services Level 2 Medical + Health Supports****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This residential service includes the Basic level 2 services plus both the Medical Supervision and the Health Support services. Individuals must meet the qualifying conditions found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
|-------------|-----------------|

|       |          |
|-------|----------|
| Daily | \$107.43 |
|-------|----------|

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 12/01/1990         | \$93.38         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$96.87         | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$101.15        | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$104.54        | 07/01/2004            |
| Daily       | COLA           | 07/12/2005         | \$107.43        | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).



**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

***Name:*** Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

This residential service includes the basic community residential living rate plus both of the above Medical Supervision and Health Support services. Individuals must meet the qualifying conditions.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet

## R3A

**Service Code: R3A**

**Service Residential Services Level 3 Base Rate**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

### **Description:**

Residential services that provide training in daily living, home management, and social skills: money management; community access; behavioral management; leisure time management; and personal health maintenance and hygiene. The reimbursement rates vary depending upon the individual's ICAP service score. This code is for individuals who are in need of level 3 care.

### **USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
|--------------------|--------------------|

### **BCM Maximum Allowable Rate (MAR)**

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
|--------------------|------------------------|

|       |         |
|-------|---------|
| Daily | \$91.78 |
|-------|---------|

### **BCM Rate Actions**

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Daily              | Initial Review       | 12/01/1990                | \$79.78                | 07/01/2000                   |
| Daily              | COLA                 | 08/09/2001                | \$82.76                | 07/01/2001                   |
| Daily              | COLA                 | 07/11/2002                | \$86.42                | 07/01/2002                   |
| Daily              | COLA                 | 09/15/2004                | \$89.31                | 07/01/2004                   |
| Daily              | COLA                 | 07/13/2005                | \$91.78                | 07/01/2005                   |

### **Service Code**

#### **Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

#### **Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

#### **Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

#### **Record Keeping**

Treatment and service requirements are documented in the individual's plan.

#### **SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

#### **Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

***Name:*** Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

Residential services include skills training in daily living, home management, and social skills: money management, community access; behavioral management; leisure time management; and personal health maintenance and hygiene. The reimbursement rates vary depending upon the individual's service score. Typically a group home is a single residence (home) in which four (4) to eight (8) individuals with disabilities reside. A Supported Apartment or mini group home setting is three (3) or less individuals.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R3B****Service Residential Services Level 3 Medical Supervision****Creation Date: 1/26/2001****Obsolete Date: 07/01/2001****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DSPD

**Description:**

This residential service includes all the services described within the basic level 3 rate. In addition, a Medical Supervision Adjustment has been added to the Basic Rate to assist providers in funding an additional Licensed Health Care Professional to provide daily nursing services to those individuals whose disabilities meet the qualifying condition found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005****Unit****Rate****BCM Maximum Allowable Rate (MAR)****Unit****MAR Rate**

Daily

\$111.50

**BCM Rate Actions****Unit****Action****Action Date****New Rate****Effective Date**

Daily

Initial Review

12/01/1990

\$96.93

07/01/2000

Daily

COLA

08/09/2001

\$100.54

07/01/2001

Daily

COLA

07/11/2002

\$104.99

07/01/2002

Daily

COLA

09/15/2004

\$108.51

07/01/2004

Daily

COLA

07/13/2005

\$111.50

07/01/2005

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

This residential service includes all the services described within the basic community residential living rate. In addition, a Medical Supervision Adjustment has been added to the Basic Rate to assist providers in funding an additional Licensed Health Care Professional to provide daily nursing services to those individuals whose disabilities meet the qualifying condition.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R3C****Creation Date:** 1/26/2001**Service Residential Services Level 3 Health Supports****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This residential service includes all the services described within the basic level 3 rate. In addition, a Health Supports Adjustment has been added to the basic rate to assist providers in funding additional aide time to provide daily assistance to individuals who require a wheelchair for mobility and need continuous physical assistance for bathing, dressing, and transfers. To qualify for this adjustment, the individual must meet the qualifying conditions found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005****Unit****Rate****BCM Maximum Allowable Rate (MAR)****Unit****MAR Rate**

Daily

\$106.95

**BCM Rate Actions**

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Daily              | Initial Review       | 12/01/1990                | \$92.97                | 07/01/2000                   |
| Daily              | COLA                 | 08/09/2001                | \$96.43                | 07/01/2001                   |
| Daily              | COLA                 | 07/11/2002                | \$100.69               | 07/01/2002                   |
| Daily              | COLA                 | 09/15/2004                | \$104.07               | 07/01/2004                   |
| Daily              | COLA                 | 07/13/2005                | \$106.95               | 07/01/2005                   |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
Policy 2-7 Provider Training and Personnel Requirements  
Rule R539-8-5  
Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

This residential service includes all the services described within the basic community residential living rate. In addition, a Health Supports Adjustment has been added to the Basic Rate to assist providers in funding additional aide time to provide daily assistance to individuals who require a wheelchair for mobility and need continuous physical assistance for bathing, dressing, and transfers. To qualify for this adjustment the individual must meet qualifying conditions.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R3D****Creation Date: 1/26/2001****Service Residential Services Level 3 Medical + Health Supports****Obsolete Date: 07/01/2001****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This residential service includes the Basic level 3 services plus both the Medical Supervision and the Health Support services. Individuals must meet the qualifying conditions found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
|-------------|-----------------|

|       |          |
|-------|----------|
| Daily | \$126.67 |
|-------|----------|

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 12/01/1990         | \$110.11        | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$114.22        | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$119.26        | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$123.26        | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$126.67        | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).



**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

***Name:*** Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

This residential service includes the basic community residential living rate plus both of the above Medical Supervision and Health Support services. Individuals must meet the qualifying conditions.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet

## R4A

**Service Code: R4A**

**Service Residential Services Level 4 Base Rate**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:** 07/01/2001

**Agencies Using Code**

DSPD

### **Description:**

Residential services that provide training in daily living, home management, and social skills: money management; community access; behavioral management; leisure time management; and personal health maintenance and hygiene. The reimbursement rates vary depending upon the individual's ICAP service score. This code is for individuals who are in need of level 4 care.

### **USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
|--------------------|--------------------|

### **BCM Maximum Allowable Rate (MAR)**

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
|--------------------|------------------------|

|       |          |
|-------|----------|
| Daily | \$111.03 |
|-------|----------|

### **BCM Rate Actions**

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Daily              | Initial Review       | 12/01/1990                | \$96.51                | 07/01/2000                   |
| Daily              | COLA                 | 08/09/2001                | \$100.11               | 07/01/2001                   |
| Daily              | COLA                 | 07/11/2002                | \$104.54               | 07/01/2002                   |
| Daily              | COLA                 | 09/15/2004                | \$108.04               | 07/01/2004                   |
| Daily              | COLA                 | 07/13/2005                | \$111.03               | 07/01/2005                   |

### **Service Code**

#### **Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

#### **Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

#### **Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

#### **Record Keeping**

Treatment and service requirements are documented in the individual's plan.

#### **SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

#### **Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

***Name:*** Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

Residential services include skills training in daily living, home management, and social skills: money management, community access; behavioral management; leisure time management; and personal health maintenance and hygiene. The reimbursement rates vary depending upon the individual's service score. Typically a group home is a single residence (home) in which four (4) to eight (8) individuals with disabilities reside. A Supported Apartment or mini group home setting is three (3) or less individuals.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R4B****Service Residential Services Level 4 Medical Supervision****Creation Date: 1/26/2001****Obsolete Date: 07/01/2001****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DSPD

**Description:**

This residential service includes all the services described within the basic level 4 rate. In addition, a Medical Supervision Adjustment has been added to the Basic Rate to assist providers in funding an additional Licensed Health Care Professional to provide daily nursing services to those individuals whose disabilities meet the qualifying condition found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$130.75        |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 12/01/1990         | \$113.66        | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$117.90        | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$123.11        | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$127.23        | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$130.75        | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

This residential service includes all the services described within the basic community residential living rate. In addition, a Medical Supervision Adjustment has been added to the Basic Rate to assist providers in funding an additional Licensed Health Care Professional to provide daily nursing services to those individuals whose disabilities meet the qualifying condition.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R4C****Creation Date:** 1/26/2001**Service Residential Services Level 4 Health Supports****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This residential service includes all the services described within the basic level 4 rate. In addition, a Health Supports Adjustment has been added to the basic rate to assist providers in funding additional aide time to provide daily assistance to individuals who require a wheelchair for mobility and need continuous physical assistance for bathing, dressing, and transfers. To qualify for this adjustment, the individual must meet the qualifying conditions found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$126.19        |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 12/01/1990         | \$109.69        | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$113.79        | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$118.81        | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$122.80        | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$126.19        | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

**Name: Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

This residential service includes all the services described within the basic community residential living rate. In addition, a Health Supports Adjustment has been added to the Basic Rate to assist providers in funding additional aide time to provide daily assistance to individuals who require a wheelchair for mobility and need continuous physical assistance for bathing, dressing, and transfers. To qualify for this adjustment the individual must meet qualifying conditions.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code: R4D****Creation Date:** 1/26/2001**Service Residential Services Level 4 Medical + Health Supports****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This residential service includes the Basic level 4 services plus both the Medical Supervision and the Health Support services. Individuals must meet the qualifying conditions found on the Medical Adjustment Worksheet.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
|-------------|-----------------|

|       |          |
|-------|----------|
| Daily | \$145.91 |
|-------|----------|

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 12/01/1990         | \$126.84        | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$131.57        | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$137.38        | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$141.99        | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$145.91        | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).



**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

***Name:*** Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

This residential service includes the basic community residential living rate plus both of the above Medical Supervision and Health Support services. Individuals must meet the qualifying conditions.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet

**Service Code: R5A****Service Residential Services Level 5 Medical****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:** 07/01/2001**Agencies Using Code**

DSPD

**Description:**

This level of residential service is provided to individuals whose ICAP service and maladaptive score indicates a level five (5) medical rate. The level of service provided is individualized on the DSPD Individualized Level 5 Worksheet. This may include a Physician, Registered Nurse, Physical Therapist or other medical professional.

**USSDS Rates as of 7/15/2005****Unit****Rate****Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

This level of residential service is provided to individuals whose ICAP service and maladaptive score indicates a level five (5) medical rate.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine

upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety,

***Name:*** and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental  
Accessibility

Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living  
Residential Supports are listed in the Community Living Supports Worksheet

**Service Code: R5B****Service Residential Services Level 5 Behavioral****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:** 07/01/2001**Agencies Using Code**

DSPD

**Description:**

This level of residential service is provided to individuals whose ICAP service and maladaptive score indicates a level five (5) Behavioral rate. The level of service provided is individualized on the DSPD Individualized Level 5 Worksheet. Extra services may include a Psychologist, Behavior Specialist or other needed personnel.

**USSDS Rates as of 7/15/2005****Unit****Rate****Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

This level of residential service is provided to individuals whose ICAP service and maladaptive score indicates a level five (5) behavioral rate.

If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine

upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety,

***Name:*** and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental  
Accessibility

Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living  
Residential Supports are listed in the Community Living Supports Worksheet

**Service Code: R5C****Creation Date: 1/26/2001****Service Residential Services Level 5 Severe Challenges****Obsolete Date: 07/01/2001****Contract Type:** Either a non-fixed or fixed amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This level of residential service is provided to individuals whose ICAP service and maladaptive score indicates a level five (5) Severe Behavioral Challenges rate. The case manager must obtain Division approval prior to implementation of this rate. The level of services provided is individualized on the DSPD Individualized Level 5 Worksheet.

Payment of rates exceeding USSDS rate ceiling require a fixed contract.

**USSDS Rates as of 7/15/2005****Unit****Rate****Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their Person Centered Plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to residential supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of support are established in the individual's Community Living Residential Worksheet (Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-5

Policy 2-8 pertaining to Community Living Supports

**Tx/Serv Requirement**

Residential services are designed to facilitate the individual's independence and promote integration into the community. Staff intervention must increase the ability of the individual to acquire, retain and/or improve skills critical to independent living.

This level of residential service living is provided to individuals whose ICAP service and maladaptive score indicates a level five (5) Severe Behavioral Challenges rate. The Support Coordinator must obtain Division approval prior to implementation of this rate. The level of services provided is individualized. Some of these individuals may qualify for the intensive supports rate due to a need for enhanced direct support salaries because of behavior consequences to self and others.

***Name:*** If there are questions regarding the services that are to be provided for individuals in the various rate levels, services will be defined in the individual's worksheet (see Attachment E).

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to children living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Community Living Residential Supports are listed in the Community Living Supports Worksheet (attached).

**Service Code:** RP1**Service** Parent Managed Respite Care-DSPD,  
Provider/Home based (Basic) Respite  
Care-DCFS**Creation Date:** 1/26/2001**Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DCFS

DSPD

***Description:***

Division of Services for People with Disabilities: The purpose of respite is to provide intermittent, time limited care to eligible individuals to enable parents/primary caretakers relief from the demand of parenting and/or living with a person with disabilities. Parent is responsible for hiring the individual who provides respite services to their child. The employees are paid under a Fiscal Agent Model.

Division of Child and Family Services: The purpose of respite is to provide intermittent, time limited relief from the day-to-day demands and parenting responsibilities for children placed in foster care. The respite will be provided in a licensed respite or foster home or by an individual in provider's home that meets DCFS Child Welfare Policy. RP1 Respite is for foster parents whose foster

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Daily              | \$59.94            |
| Quarter hour       | \$2.54             |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |



**Service Code: RP2****Service Provider Facility Based Respite Care-DSPD****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DSPD

**Description:**

Division of Services for People with Disabilities: The purpose of respite is to provide intermittent, time limited care to eligible individuals to enable parents/primary caretakers relief from the demand of parenting and/or living with a person with disabilities. Individual is provided hourly or (24 hour) respite services at the provider site. Provider has a contract with the Division/Region to

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Daily              | \$61.56            |
| Quarter hour       | \$2.61             |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to respite care supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1 hourly/daily and are established in the individual's plan.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedure 1, 6, and 7D

Rule R539-7-2

Policy 2-8 pertaining to Respite Care Supports and Guideline 2-8 pertaining to Respite Care Supports.

**Tx/Serv Requirement**

Respite Care Supports serve the purpose of providing coverage and/or relief, on a short-term basis, for those persons who

***Name:*** normally provide care in a home setting to an individual who is unable to care for him or herself.

Respite Care Supports includes day and overnight supports and may be provided in the following locations: (a) Individual's home or place of residence, (b) Facility approved by the State which is not a private residence, (c) Temporary care facilities and overnight camps which meet the standards set by the Division for the temporary care of people with special needs and (d) other locations as specified in the individual's support plan, in the community, which may include the private residence of the individual providing respite care, in which case the individual will meet the standards prescribed by the Medicaid enrolled respite care agency or Division Regional Office with whom they contract. In no case will more than four individuals be service by the provide respite services. provider at any time, including the provider's own minor children who require supervision.

Respite also covers summer camps. These camps must meet be licensed by the Department of Human Services Office of Licensing.

Limitations: The provision of respite care in terms of duration and location will be based on the annual amount allocated by the Division's Region to the individual/family and the individual/family's preference. Federal Financial Participation will not be claimed for the cost of the room and board except when provided as part of respite care in a facility approved by the State that is not the person's private residence.

See the Respite checklist included as Attachment O.

**Staff Requirements**

Staffing requirements are established in the individual's plan and worksheet.

**Service Code: RP3**

**Creation Date:** 1/26/2001

**Service Provider Facility Based Daily Crisis/Specialized Respite Care-DSPD**

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Agencies Using Code**

**Residential:** No

DSPD

**Description:**

Division of Services for People with Disabilities: The purpose of respite is to provide intermittent, time limited care to eligible individuals to enable parents/primary caretakers relief from the demand of parenting and/or living with a person with disabilities. Individual is provided respite services by the provider at the parent/primary caretakers residence. Daily (24 hour) respite care is a provider facility based model for individuals with severe behavior and/or in need of crisis/specialized respite care. Determination of the use of this level of service will be made by the Regional Contract Specialist and/or Supervisor in conjunction with the Case

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Daily              | \$81.67            |
| Quarter hour       | \$3.24             |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code**

**Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to respite care supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1 hourly/daily and are established in the individual's plan.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
Policy 2-7 Procedure 1, 6, and 7D

***Name:*** Rule R539-7-2

**Tx/Serv Requirement**

Respite Care Supports serve the purpose of providing coverage and/or relief, on a short-term basis, for those persons who normally provide care in a home setting to an individual who is unable to care for him or herself.

Respite Care Supports includes day and overnight supports and may be provided in the following locations: (a) Individual's home or place of residence, (b) Facility approved by the State which is not a private residence, (c) Temporary care facilities and overnight camps which meet the standards set by the Division for the temporary care of people with special needs and (d) Manager. other locations as specified in the individual's support plan, in the community, which may include the private residence of the individual providing respite care, in which case the individual will meet the standards prescribed by the Medicaid enrolled respite care agency or Division Regional Office with whom they contract. In no case will more than four individuals be service by the provider at any time, including the provider's own minor children who require supervision.

Respite also covers summer camps. These camps must meet be licensed by the Department of Human Services Office of Licensing.

Limitations: The provision of respite care in terms of duration and location will be based on the annual amount allocated by the Division's Region to the individual/family and the individual/family's preference. Federal Financial Participation will not be claimed for the cost of the room and board except when provided as part of respite care in a facility approved by the State that is not the person's private residence.

See the Respite checklist included as Attachment O.

**Staff Requirements**

Staffing requirements are established in the individual's plan and worksheet.

**Service Code: RPS****Service Respite Care Supports-Camps****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DSPD

**Description:**

Respite care supports serve the purpose of providing supervision and/or relief, on a short-term basis for those individuals who normally provide care in a home setting to a person who is unable to care for himself or herself. Respite care supports include day and overnight supports provided at a camp setting which meets the Division's standards for temporary care of persons with special

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Session            | \$368.69           |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to respite care supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1 hourly/daily and are established in the individual's plan.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedure 1, 6, and 7D

Rule R539-7-2

Policy 2-8 pertaining to Respite Care Supports and Guideline 2-8 pertaining to Respite Care Supports.

**Tx/Serv Requirement**

Respite Care Supports serve the purpose of providing coverage and/or relief, on a short-term basis, for those persons who normally provide care in a home setting to an individual who is unable to care for him or herself.

***Name:*** Respite Care Supports includes day and overnight supports and may be provided in the following locations: (a) Individual's

home or place of residence, (b) Facility approved by the State which is not a private residence, (c) Temporary care facilities and overnight camps which meet the standards set by the Division for the temporary care of people with special needs and (d) other locations as specified in the individual's support plan, in the community, which may include the private residence of the individual providing respite care, in which case the individual will meet the standards prescribed by the Medicaid enrolled respite care agency or Division Regional Office with whom they contract. In no case will more than four individuals be service by the provider at any time, including the provider's own minor children who require supervision.

needs. Respite also covers summer camps. These camps must meet be licensed by the Department of Human Services Office of Licensing.

Limitations: The provision of respite care in terms of duration and location will be based on the annual amount allocated by the Division's Region to the individual/family and the individual/family's preference. Federal Financial Participation will not be claimed for the cost of the room and board except when provided as part of respite care in a facility approved by the State that is not the person's private residence.

### **Staff Requirements**

Staffing requirements are established in the individual's plan and worksheet.

**Service Code: RTQ****Service Rehabilitation Therapies****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:** 07/01/2001**Agencies Using Code**

DSPD

***Description:***

Division of Services for People with Disabilities: The primary purpose of Rehabilitation Therapy services are to provide in-home services for individuals who have sustained a brain injury who would otherwise require institutionalization in a nursing facility. Rehabilitation Therapies are designed to prevent, maintain and/or minimize chronic disabilities while restoring the individual to the optimal level of physical, cognitive or functional performance and to improve the skills and adjustment of the individual. Therapies included in this service are physical, occupational or cognitive therapies to improve such functions as thinking patterns, organizational skills or memory skills. It can also include working with range of motion, feeding and swallowing; small or large motor skills; or generally improving the adjustment of the brain injured person by integrating vocational and educational goals and daily

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$8.66             |
| Hourly             | \$34.65            |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |

**Service Code: RTS**

**Service Residential Transportation Service**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Transportation services are provided to individuals who are attending a day training, prevocational service, or supported employment. Transportation services are provided to and from the residential treatment center by the residential treatment provider.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Daily       | \$6.99      |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$7.65          |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 07/01/1993         | \$6.65          | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$6.90          | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$7.20          | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$7.45          | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$7.65          | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>       |
|--------------------|--------------------------|
| SG                 | SELF DETERM NON-MEDICAID |
| SM                 | SELF DETERM MEDICAID     |

***Service Code***

**Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to transportation as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and community living worksheet.



SPECIAL RECORD KEEPING REQUIREMENTS

***Name:*** Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention.

**Staff to Client Ratios**

N/A

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
Policy 2-7 Procedure 6E  
Rule R539-8-4  
Policy 2-8 pertaining to Transportation Supports

**Tx/Serv Requirement**

Transportation Supports are only provided as independent waiver services when transportation is not otherwise available as an element of another waiver service. The need for transportation must be documented as necessary to fulfill other identified supports in the individual support plan and the associated outcomes.

Transportation (codes MTP and RTS) are for services provided to individuals who are attending a day training, prevocational service, or supported employment. Transportation is provided to and from the individual's own home or residential site by the day training provider or from their residential site by the residential provider to the day training, prevocational service or supported employment location.

Transportation in a private vehicle will be reimbursed at the FTP mileage rate. Individuals providing the service must have a valid Utah Driver License and liability insurance as required by state law. This transportation option must be pre approved by the regional director.

Limitations: Medicaid payment for transportation under the approved waiver plan is not available through medical transportation, transportation available through the State plan, transportation that is available at no charge, or as part of administrative expenditures. Additional transportation supports will not be available to residential or day support providers contracted to provide transportation to and from the person's residence to the site(s) of a day support when payment for transportation is included in the established rate paid to the community living or day support provider.

**Staff Requirements**

Staffing requirements are established in the individual worksheets.

**Service Code: SCL****Service Support Coordination Liaison****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 5/10/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

This service is a cooperative effort between the Division of Services for People with Disabilities and the network of Centers for Independent Living in Utah to provide Support Coordination Liaison services needs are properly identified, a realistic, achievable support plan is developed, and successful implementation of the support plan occurs utilizing available local resources.

The role of the Support Coordination Liaisons will provide the feature of enhanced use of formal and informal services and supports to complete the consumers' plans through increased knowledge of and coordination with the local community resources specific to each community and service district throughout the state. Support Coordination of Liaisons will have the knowledge, authority and responsibility for: 1) maintaining a specialized working knowledge of the support network for persons with disabilities operating in their designated geographical area of the state; 2) coordinating local resources to accomplish the implementation of each individuals' plan as prepared by the Division Physical Disabilities Nurse Coordinator, 3) monitoring the status of each individual as necessary to gather timely, pertinent information to be shared with the Nurse Coordinator and 4) provide consultation to the Nurse Coordinator regarding local parameters that Liaisons will serve solely as consultants to the Physical Disabilities Nurse Coordinator in matters relating to consumer eligibility for the waiver, completion of comprehensive assessments, development of individual plans, and formal agency actions determining the provider network authorized to participate in the waiver, utilization of individual providers, and authorization of covered services for each individual.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u>  | <u>Rate</u> |
|--------------|-------------|
| Quarter hour | \$14.21     |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u>  | <u>MAR Rate</u> |
|--------------|-----------------|
| Quarter hour | \$14.54         |

***BCM Rate Actions***

| <u>Unit</u>  | <u>Action</u> | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|--------------|---------------|--------------------|-----------------|-----------------------|
| Quarter hour | Review        | 05/10/2001         | \$13.88         | 04/30/2001            |
| Quarter hour | COLA          | 09/15/2004         | \$14.15         | 07/01/2004            |
| Quarter hour | COLA          | 07/13/2005         | \$14.54         | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>             |
|--------------------|--------------------------------|
| PG                 | NON-MEDICAID ASSISTANCE        |
| PM                 | MEDICAID ASSISTANCE            |
| PN                 | MEDICAID ASSISTANCE NURSING HM |

**Service Code: SD1****Service School vacation Day Training Level 1****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:** 07/01/2001**Agencies Using Code**

DSPD

**Description:**

School Vacation Day Training services are provided to school age recipients who require assistance with acquisition, retention or improvement of self direction, socialization and adaptive skills. These services are provided only during school vacation time and when public education programs are unavailable. Services may be furnished 4 to 6 hours per day and must be provided in accordance with the Individual Performance Plan (IPP). The service is not available under programs funded by the Department of Education. The intensity of service provided to the individual is determined by their ICAP service score. This is for an individual in

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$34.30         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 04/01/1994         | \$29.82         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$30.93         | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$32.30         | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$33.38         | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$34.30         | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

***Name:***

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

need of level 1 care. Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

**Service Code: SD2****Service School Vacation Day Training Level 2****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:** 07/01/2001**Agencies Using Code**

DSPD

**Description:**

School Vacation Day Training services are provided to school age recipients who require assistance with acquisition, retention or improvement of self direction, socialization and adaptive skills. These services are provided only during school vacation time and when public education programs are unavailable. Services may be furnished 4 to 6 hours per day and must be provided in accordance with the Individual Performance Plan (IPP). The service is not available under programs funded by the Department of Education. The intensity of service provided to the individual is determined by their ICAP service score. This is for an individual in need of level 2 care. (Note: USSDS rate ceiling is based on legislative funding requirements.)

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$38.57         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 04/01/1994         | \$33.53         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$34.78         | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$36.32         | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$37.53         | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$38.57         | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

R539-1, 3. **Staff to Client Ratios**

**Name:** Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

**Service Code: SD3****Service School Vacation Day Training Level 3****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:** 07/01/2001**Agencies Using Code**

DSPD

**Description:**

School Vacation Day Training services are provided to school age recipients who require assistance with acquisition, retention or improvement of self direction, socialization and adaptive skills. These services are provided only during school vacation time and when public education programs are unavailable. Services may be furnished 4 to 6 hours per day and must be provided in accordance with the Individual Performance Plan (IPP). The service is not available under programs funded by the Department of Education. The intensity of service provided to the individual is determined by their ICAP service score. This is for an individual in need of level 3 care. (Note: USSDS rate ceiling is based on legislative funding requirements.)

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$55.93         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 04/01/1994         | \$48.62         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$50.43         | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$52.66         | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$54.42         | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$55.93         | 07/01/2005            |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

R539-1, 3. **Staff to Client Ratios**

**Name:** Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).



**Service Code: SDC****Service School Vacation Day Training Crisis****Creation Date: 1/25/2001****Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Agencies Using Code**

DSPD

**Description:**

School Vacation Day Training services are provided to school age recipients who require assistance with acquisition, retention or improvement of self direction, socialization and adaptive skills. These services are provided only during school vacation time and when public education programs are unavailable. Services may be furnished 4 to 6 hours per day and must be provided in accordance with the Individual Performance Plan (IPP). The service is not available under programs funded by the Department of Education. The intensity of service provided to the individual is determined by their ICAP service score. This is for an individual in need of level 3 care and require a 1:1 staffing ratio.

This service has been established for individuals in existing Day Training programs who require a more extensive staffing ratio and level of support services than the School Vacation Day Training Exceptional (SDE). People requiring this individually negotiated service and level of support demand an intensive behavioral oriented crisis program with a minimum of 1:1 staffing for the entire program day.

Payments of rates exceeding USSDS rate will require a fixed contract.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Daily              | \$134.22           |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

***Name:*** Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

**Service Code: SDE****Creation Date:** 1/25/2001**Service School Vacation Day Training Level 4-Exception****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

School Vacation Day Training services are provided to school age recipients who require assistance with acquisition, retention or improvement of self direction, socialization and adaptive skills. These services are provided only during school vacation time and when public education programs are unavailable. Services may be furnished 4 to 6 hours per day and must be provided in accordance with the Individual Performance Plan (IPP). The service is not available under programs funded by the Department of Education. The intensity of service provided to the individual is determined by their ICAP service score. This is for an individual in need of level 3 care and require a 1:1 staffing ratio.

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Daily       | \$74.14     |

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$87.34         |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 04/01/1993         | \$75.92         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$78.76         | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$82.24         | 07/01/2002            |
| Daily       | COLA           | 09/15/2004         | \$84.99         | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$87.34         | 07/01/2005            |

**Service Eligibility**

| <u>Eligibility</u> | <u>Description</u>       |
|--------------------|--------------------------|
| SG                 | SELF DETERM NON-MEDICAID |
| SM                 | SELF DETERM MEDICAID     |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Day Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to day supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found

**Name: Record Keeping**

Treatment and service requirements are documented in the individual's plan and Day Supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Hours of supports are established in the individual's Day Supports Worksheet (See Attachment E).

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1-6 inclusive.

Rule R539-8-1A

Policy 2-8 pertaining to Day Supports

**Tx/Serv Requirement**

Site and Non-Site Based Day Supports serve the purpose of facilitating independence and promoting community inclusion and contribution.

Day Supports provide assistance for individuals to participate in meaningful activities as identified in the individual's support plan and identified outcomes. Supports may or may not be work related. When applicable, wages are paid in accordance with applicable labor laws. Supports may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence, and/or maintain the individual's physical and mental skills. Day supports may be provided anytime during a 24-hour day at locations of the individual's preference and are most commonly provided in integrated

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Day Supports are listed in the Day Supports Worksheet (See Attachment E).

## SDQ

**Service Code: SDQ**

**Service Self-Directed Supports**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

### ***Description:***

Self-directed supports enhance the person's ability to exercise basic human rights as a member of society through self-sufficiency and utilization of decision making authority. Self-directed supports involve: (a) person and/or family training and education in self determination and self advocacy; (b) competency evaluation and guardianship assistance; (c) advocacy support; (d) identifying building, and maintaining natural supports; (e) assisting a person/family representative to obtain services to assess the person's functional capability to give informed consent; (f) instructing and/or consulting with families on ways to help the family member with a disability learn the specific skills necessary to become as self sufficient as possible; (g) instructing and/or consulting with families on ways to help the family member with a disability learn the specific skills necessary to safely live in the home setting.

### ***USSDS Rates as of 7/15/2005***

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Quarter hour       | \$7.68             |

### ***BCM Maximum Allowable Rate (MAR)***

| <u><b>Unit</b></u> | <u><b>MAR Rate</b></u> |
|--------------------|------------------------|
| Quarter hour       | \$7.65                 |

### ***BCM Rate Actions***

| <u><b>Unit</b></u> | <u><b>Action</b></u> | <u><b>Action Date</b></u> | <u><b>New Rate</b></u> | <u><b>Effective Date</b></u> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Quarter hour       | Review               | 09/19/2001                | \$7.50                 | 09/19/2001                   |
| Quarter hour       | COLA                 | 09/15/2004                | \$7.65                 | 07/01/2004                   |

### ***Service Eligibility***

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code: SEA****Service Supported Employment-Hourly Base Rate****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Supported Employment Services provide individuals with disabilities the opportunity to work in a community setting. This is a 1:1 staff to client service. This service is for the first 240 billable units of service and include: a job coach, direct supervision, travel, administration, and marketing. Additional services can be purchased by using ancillary services.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u>  | <u>Rate</u> |
|--------------|-------------|
| Quarter hour | \$7.68      |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u>  | <u>MAR Rate</u> |
|--------------|-----------------|
| Quarter hour | \$8.44          |

***BCM Rate Actions***

| <u>Unit</u>  | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|--------------|----------------|--------------------|-----------------|-----------------------|
| Quarter hour | Initial Review | 05/01/1994         | \$7.34          | 07/01/2000            |
| Quarter hour | COLA           | 08/09/2001         | \$7.61          | 07/01/2001            |
| Quarter hour | COLA           | 07/11/2002         | \$7.95          | 07/01/2002            |
| Quarter hour | COLA           | 09/15/2004         | \$8.21          | 07/01/2004            |
| Quarter hour | COLA           | 07/13/2005         | \$8.44          | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| BM                 | SPINAL CHORD MEDICAID     |
| SG                 | SELF DETERM NON-MEDICAID  |
| SM                 | SELF DETERM MEDICAID      |

***Service Code*****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Supported Employment Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to Supported Employment supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

**Name:** Treatment and service requirements are documented in the individual's plan and day supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1, 2, 3B, and 6

Rule R539-8-3

Policy 2-8 pertaining to Supported Employment Supports

**Tx/Serv Requirement**

This service provides job development, placement, intensive on-the-job training, consultation for employees and follow-up to persons with disabilities in the community.

Supported employment can be full or part time and occurs in an integrated employment setting. Supported Employment may occur anytime during a twenty-four hour day and supports are made available in such a way to assist the individual to achieve competitive employment (compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled). Individuals in Supported Employment are supported and employed in positions which are consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual as indicated in the individual's support plan. An individual may be supported individually or in a group. When appropriate, the agency providing Supported Employment may contract with a co-worker to provide additional support, under the direction of a job coach, as a natural extension of the workday.

With the individual placement model, a job coach works with the individual until the individual is able to handle the job independently. Follow-up supervision is provided thereafter depending on need and the individual's plan.

As part of an enclave, the person is one of four-to-eight individuals with disabilities who work at a job site. There is always at least one supervisor working with the group. The Enclave model provides the opportunity for integration with other employees as well as ongoing support.

The mobile work crew model is comprised of a small group of individuals who work as a unit to complete a specialized service for individual commercial accounts. The workers move about within the community on a variety of jobs, with a supervisor who provides training and supervision. The obvious benefits to this model are learning to work together on a variety of tasks and community integration.

Limitations: Payment will only be made for adaptations, supervision and training required by an individual as a result of the individual's disability and will not include payment for the supervisory activities rendered as a normal part of a business setting.

Documentation that supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Act must be maintained (copies of these acts can be obtained from the internet at [www.civilrights.com/idea.html](http://www.civilrights.com/idea.html) and

[ftp://trace.wisc.edu/PUB/TEXT/ILAWS/REHABACT/PARTS/TLT\\_V.TXT](http://trace.wisc.edu/PUB/TEXT/ILAWS/REHABACT/PARTS/TLT_V.TXT)). Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of Supported Employment programs, or for payments for vocational training that is not directly related to a beneficiary's Supported Employment program.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Supported Employment Supports are listed in the Day Supports Worksheet (Attachment E).

**Service Code: SEB****Service Supported Employment-Hourly Ancillary****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Supported Employment Services provide individuals with disabilities the opportunity to work in a community setting. This is a 1:1 staff to client service. This service is for billable units of service beyond the first 240 units of SEA services. Included in this service are: a job coach, direct supervision, and travel. Additional services can be purchased by using ancillary services.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u>  | <u>Rate</u> |
|--------------|-------------|
| Quarter hour | \$3.32      |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u>  | <u>MAR Rate</u> |
|--------------|-----------------|
| Quarter hour | \$3.59          |

***BCM Rate Actions***

| <u>Unit</u>  | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|--------------|----------------|--------------------|-----------------|-----------------------|
| Quarter hour | Initial Review | 05/01/1994         | \$3.12          | 07/01/2000            |
| Quarter hour | COLA           | 08/09/2001         | \$3.23          | 07/01/2001            |
| Quarter hour | COLA           | 07/11/2002         | \$3.38          | 07/01/2002            |
| Quarter hour | COLA           | 09/21/2004         | \$3.49          | 07/01/2004            |
| Quarter hour | COLA           | 07/13/2005         | \$3.59          | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| BM                 | SPINAL CHORD MEDICAID     |
| SG                 | SELF DETERM NON-MEDICAID  |
| SM                 | SELF DETERM MEDICAID      |

***Service Code*****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Supported Employment Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to Supported Employment supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .



**Record Keeping**

**Name:** Treatment and service requirements are documented in the individual's plan and day supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1, 2, 3B, and 6

Rule R539-8-3

Policy 2-8 pertaining to Supported Employment Supports

**Tx/Serv Requirement**

This service provides job development, placement, intensive on-the-job training, consultation for employees and follow-up to persons with disabilities in the community.

Supported employment can be full or part time and occurs in an integrated employment setting. Supported Employment may occur anytime during a twenty-four hour day and supports are made available in such a way to assist the individual to achieve competitive employment (compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled). Individuals in Supported Employment are supported and employed in positions which are consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual as indicated in the individual's support plan. An individual may be supported individually or in a group. When appropriate, the agency providing Supported Employment may contract with a co-worker to provide additional support, under the direction of a job coach, as a natural extension of the workday.

With the individual placement model, a job coach works with the individual until the individual is able to handle the job independently. Follow-up supervision is provided thereafter depending on need and the individual's plan.

As part of an enclave, the person is one of four-to-eight individuals with disabilities who work at a job site. There is always at least one supervisor working with the group. The Enclave model provides the opportunity for integration with other employees as well as ongoing support.

The mobile work crew model is comprised of a small group of individuals who work as a unit to complete a specialized service for individual commercial accounts. The workers move about within the community on a variety of jobs, with a supervisor who provides training and supervision. The obvious benefits to this model are learning to work together on a variety of tasks and community integration.

Limitations: Payment will only be made for adaptations, supervision and training required by an individual as a result of the individual's disability and will not include payment for the supervisory activities rendered as a normal part of a business setting.

Documentation that supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Act must be maintained (copies of these acts can be obtained from the internet at [www.civilrights.com/idea.html](http://www.civilrights.com/idea.html) and

[http://trace.wisc.edu/PUB/TEXT/LAWS/REHABACT/PARTS/TLT\\_V.TXT](http://trace.wisc.edu/PUB/TEXT/LAWS/REHABACT/PARTS/TLT_V.TXT)). Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of Supported Employment programs, or for payments for vocational training that is not directly related to a beneficiary's Supported Employment program.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Supported Employment Supports are listed in the Day Supports Worksheet (Attachment E).

**Service Code: SEC****Creation Date:** 1/25/2001**Service Supported Employment Co-Worker Supports****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

Supported Employment serves the purposes of supporting individuals, based on individual need, to obtain, maintain, or advance to competitive employment in integrated work settings. An individual may be supported individually or in a group. When appropriate, the agency providing Supported Employment may contract with a co-worker to provide additional supports, under the direction of a job coach, as a natural extension of the workday.

Hourly pay rate for co-worker support will not exceed more than \$4.00 per hour which includes the provider adding no more than a 10% fee for handling the individual's wages, setting up contracts and agreements with the individual and/or their employer.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$1.05             |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Supported Employment Supports can be found on the Day Supports Worksheet.

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to Supported Employment supports as well as all applicable licensing and certification requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and day supports worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
 Policy 2-7 Procedures 1, 2, 3B, and 6  
 Rule R539-8-3  
 Policy 2-8 pertaining to Supported Employment Supports

**Tx/Serv Requirement**

This service provides job development, placement, intensive on-the-job training, consultation for employees and follow-up to

***Name:*** persons with disabilities in the community.

Supported employment can be full or part time and occurs in an integrated employment setting. Supported Employment may occur anytime during a twenty-four hour day and supports are made available in such a way to assist the individual to achieve competitive employment (compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled). Individuals in Supported Employment are supported and employed in positions which are consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual as indicated in the individual's support plan. An individual may be supported individually or in a group. When appropriate, the agency providing Supported Employment may contract with a co-worker to provide additional support, under the direction of a job coach, as a natural extension of the workday.

With the individual placement model, a job coach works with the individual until the individual is able to handle the job independently. Follow-up supervision is provided thereafter depending on need and the individual's plan.

As part of an enclave, the person is one of four-to-eight individuals with disabilities who work at a job site. There is always at least one supervisor working with the group. The Enclave model provides the opportunity for integration with other employees as well as ongoing support.

The mobile work crew model is comprised of a small group of individuals who work as a unit to complete a specialized service for individual commercial accounts. The workers move about within the community on a variety of jobs, with a supervisor who provides training and supervision. The obvious benefits to this model are learning to work together on a variety of tasks and community integration.

Limitations: Payment will only be made for adaptations, supervision and training required by an individual as a result of the individual's disability and will not include payment for the supervisory activities rendered as a normal part of a business setting.

Documentation that supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Act must be maintained (copies of these acts can be obtained from the internet at [www.civilrights.com/idea.html](http://www.civilrights.com/idea.html) and [ftp://trace.wisc.edu/PUB/TEXT/ILAWS/REHABACT/PARTS/TLT\\_V.TXT](ftp://trace.wisc.edu/PUB/TEXT/ILAWS/REHABACT/PARTS/TLT_V.TXT)). Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of Supported Employment programs, or for payments for vocational training that is not directly related to a beneficiary's Supported Employment program.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Supported Employment Supports are listed in the Day Supports Worksheet (Attachment E).

**Service Code: SED****Service Supported Employment Service-Daily****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Supported Employment Services provide individuals with disabilities the opportunity to work in a community setting. Individuals may work in several models of service such as Mobile work crews and Enclaves of not more than 8 individuals.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Daily       | \$31.57     |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Daily       | \$35.57         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Daily       | Initial Review | 05/01/1994         | \$30.92         | 07/01/2000            |
| Daily       | COLA           | 08/09/2001         | \$32.08         | 07/01/2001            |
| Daily       | COLA           | 07/11/2002         | \$33.49         | 07/01/2002            |
| Daily       | COLA           | 09/21/2004         | \$34.62         | 07/01/2004            |
| Daily       | COLA           | 07/13/2005         | \$35.57         | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| BM                 | SPINAL CHORD MEDICAID     |
| SG                 | SELF DETERM NON-MEDICAID  |
| SM                 | SELF DETERM MEDICAID      |

***Service Code******Client Assessment/Tx Plan***

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Supported Employment Supports can be found on the Day Supports Worksheet.

***Contractor Qualifications***

Providers must comply with all division policies and guidelines pertaining to Supported Employment supports as well as all applicable licensing and certification requirements.

***Population Served***

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and day supports worksheet.

**Name:****SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Procedures 1, 2, 3B, and 6

Rule R539-8-3

Policy 2-8 pertaining to Supported Employment Supports

**Tx/Serv Requirement**

This service provides job development, placement, intensive on-the-job training, consultation for employees and follow-up to persons with disabilities in the community.

Supported employment can be full or part time and occurs in an integrated employment setting. Supported Employment may occur anytime during a twenty-four hour day and supports are made available in such a way to assist the individual to achieve competitive employment (compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled). Individuals in Supported Employment are supported and employed in positions which are consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual as indicated in the individual's support plan. An individual may be supported individually or in a group. When appropriate, the agency providing Supported Employment may contract with a co-worker to provide additional support, under the direction of a job coach, as a natural extension of the workday.

With the individual placement model, a job coach works with the individual until the individual is able to handle the job independently. Follow-up supervision is provided thereafter depending on need and the individual's plan.

As part of an enclave, the person is one of four-to-eight individuals with disabilities who work at a job site. There is always at least one supervisor working with the group. The Enclave model provides the opportunity for integration with other employees as well as ongoing support.

The mobile work crew model is comprised of a small group of individuals who work as a unit to complete a specialized service for individual commercial accounts. The workers move about within the community on a variety of jobs, with a supervisor who provides training and supervision. The obvious benefits to this model are learning to work together on a variety of tasks and community integration.

Limitations: Payment will only be made for adaptations, supervision and training required by an individual as a result of the individual's disability and will not include payment for the supervisory activities rendered as a normal part of a business setting.

Documentation that supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Act must be maintained (copies of these acts can be obtained from the internet at [www.civilrights.com/idea.html](http://www.civilrights.com/idea.html) and [http://trace.wisc.edu/PUB/TEXT/ILAWS/REHABACT/PARTS/TLT\\_V.TXT](http://trace.wisc.edu/PUB/TEXT/ILAWS/REHABACT/PARTS/TLT_V.TXT)). Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of Supported Employment programs, or for payments for vocational training that is not directly related to a beneficiary's Supported Employment program.

**Staff Requirements**

Staffing requirements are established in the individual worksheets. Types of supports included in Supported Employment Supports are listed in the Day Supports Worksheet (Attachment E).

## SL4

**Service Code: SL4**

**Service Supported Living (Consultant)**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 10/24/2001

**Obsolete Date:** 09/01/2002

**Agencies Using Code**

DSPD

***Description:***

A professional consultant with a master's degree or equivalent provides support to the individual with disabilities or those who provide care to the individuals in order for the individual to achieve their potential.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$7.71             |

***BCM Maximum Allowable Rate (MAR)***

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Quarter hour       | \$7.71                 |

***BCM Rate Actions***

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Quarter hour       | Review               | 10/24/2001                | \$7.71                 | 09/27/2001                   |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

# SLA

**Service Code: SLA**

**Service Supported Living Assistance**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Supported Living Assistance services are designed to support individuals who live in their own homes or apartment by providing assistance/supports in activities such as meal preparation, routine household care, activities of daily living (such as bathing, eating, dressing, personal hygiene), reminding/ observing/ monitoring of medication and non-medical care. These services must not be available under the State plan.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$3.56             |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code: SLH****Creation Date:** 1/25/2001**Service Community Supported Living (Own Home/Hourly Model)****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

Community Supported Living Services Hourly Model provides services to individuals with disabilities who reside in their own home or apartment. These services are tailored to meet the individuals needs. These services assist the individual in acquiring improved self-help, socialization, and adaptive skills necessary to reside successfully in the community setting.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$5.19             |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet (Attachment

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to supported living supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and community living worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1 or less of more than one individual is receiving the support at the same time.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:

Policy 2-7 Provider Training and Personnel Requirements

Rule R539-8-8

Policy 2-8 pertaining to Supported Living



**Tx/Serv Requirement**

***Name:*** Supported Living Support (SLH) services are designed to assist individuals who secure their own home or apartment. (previously known as apartment follow along, hourly residential) Supports are provided to assist them to live with maximum independence. Services are provided on a regularly scheduled basis and are available to individuals who live alone, with roommates, a spouse, or children. Supported Living supports include instruction in activities such as meal preparation, routine household care, activities of daily living (such as bathing, eating, dressing, personal hygiene), reminding/observing/reinforcing. Monitoring of medication, non-medical care, supervision and socialization. Daily Living activity skills are provided to individuals to ensure his/her health and safety as well as to lead to desired outcomes outlined in the individual's plan. Supports may be provided in the individual's home and in settings outside of the home in accordance with the Individual's Plan. These services must not be available under the State Medicaid Plan.

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to persons under 22 living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual's plan.

**Service Code: SLN****Creation Date:** 1/25/2001**Service Supported Living Supports-Natural Supports****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

This is a residential support. This support is for individuals over the age of 22 who previously received Family Support Services in their home.

The Home and Community based Amendment requires individuals over 22 living in their own home receive supported living rather than family support. This service recognizes individuals as adults who require support; natural and paid services to function in the community as an adult.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Quarter hour       | \$4.69             |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code****Client Assessment/Tx Plan**

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet (Attachment

**Contractor Qualifications**

Providers must comply with all division policies and guidelines pertaining to supported living supports as well as all applicable licensing requirements.

**Population Served**

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

**Record Keeping**

Treatment and service requirements are documented in the individual's plan and community living worksheet.

**SPECIAL RECORD KEEPING REQUIREMENTS**

Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention outlined in Policy 5-5, Guideline 5-5 and Policy 5-6, Utah Administrative Rule

**Staff to Client Ratios**

Staff to client ratios are 1:1 or less of more than one individual is receiving the support at the same time.

**Staff Training**

Provider and staff must meet all requirements specified in Division Policy and Rule:  
Policy 2-7 Provider Training and Personnel Requirements  
Rule R539-8-8

Policy 2-8 pertaining to Supported Living

**Name: Tx/Serv Requirement**

Supported Living Assistance (SLN) services (previously known as daily residential) are designed to support individuals who live in their own home or apartment. They can live alone and/or with roommates. Training and support is provided to assist them to live with maximum independence. Services are provided on a regularly scheduled basis. Supported living supports may include training in activities such as meal preparation, routine household care, activities of daily living (such as bathing, eating, dressing, personal hygiene), reminding/observing/reinforcing (behavioral assessment and support). These services and supports are delivered to ensure his/her health and safety as well as lead to desired outcomes outlined in the individual's plan. Supports may be provided in the individual's home and in settings outside of the home in accordance with the Individual's Plan. These services are not available under the State Medicaid Plan.

Limitations: Payments for residential supports are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the individuals who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Community Living Support is not available to persons under 22 living in their parent/legal guardian's home.

**Staff Requirements**

Staffing requirements are established in the individual's plan.

# SM1

**Service Code: SM1**

**Service Specialized Medical Needs**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Supplies and Assistive Devices including transportation devices, mobility devices, communication devices, bathing and bathroom devices, eating devices and safety control. These services must not be available under the State plan.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Personal Need      | \$4,999.99         |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

## SM2

**Service Code: SM2**

**Service Specialized Medical Needs**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Supplies and Assistive Devices including transportation devices, mobility devices, communication devices, bathing and bathroom devices, eating devices and safety control. These services must not be available under the State plan.

To use this code you must have prior approval from the Division.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

Personal Need

\$10,000.00

***Service Eligibility***

**Eligibility**

**Description**

|    |                           |
|----|---------------------------|
| BG | SPINAL CHORD GENERAL FUND |
| BM | SPINAL CHORD MEDICAID     |
| PG | NON-MEDICAID ASSISTANCE   |
| SG | SELF DETERM NON-MEDICAID  |
| SM | SELF DETERM MEDICAID      |

## SME

**Service Code: SME**

**Service Specialized Medical Needs**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Supplies and Assistive Devices including transportation devices, mobility devices, communication devices, bathing and bathroom devices, eating devices and safety control. These services must not be available under the State plan.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Month              | \$300.00           |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| BM                        | SPINAL CHORD MEDICAID     |
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

# SNF

**Service Code: SNF**

**Service Special Needs Fund-Over the counter checks**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

This code is used for the over the counter checks issued at the Regional office level to provide emergency purchases for individuals meeting Division eligibility.

The regional special needs funds are to be used at the discretion of the Regional Support Coordinator and Administration to make critical item purchases on behalf of an individual receiving services, where the item is essential to the individual's safety, well being, or continued successful community living. No single SNF purchase may exceed \$500 for over the counter checks without Finance's prior approval, and no single SNF purchase may exceed \$2000 without also the 295S payment form.

***USSDS Rates as of 7/15/2005***

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Personal Need      | \$2,000.00         |

***Service Eligibility***

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code: SR1**

**Creation Date:** 1/25/2001

**Service School Vacation Extended Residential Support  
Level 1**

**Obsolete Date:** 06/30/2001

**Contract Type:** Open or non-fixed dollar amount contract required

**Agencies Using Code**

**Residential:** No

DSPD

**Description:**

School Vacation Extended Support services funding is used to provide extended residential support services, up to six hours per day, to school age individuals who reside in residential settings during the period of time that they are on school vacation and when public education programs are unavailable. The focus of the support is to provide assistance with acquisition, retention, or improvement of self direction, socialization and adaptive skills. These services are provided in accordance with the recipient's plan of care. The level of service is determined by the individual's ICAP Service score. This code is for individuals in need of ICAP level

**USSDS Rates as of 7/15/2005**

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

**BCM Maximum Allowable Rate (MAR)**

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Hourly      | \$5.68          |

**BCM Rate Actions**

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Hourly      | Initial Review | 08/01/2000         | \$4.94          | 07/01/2000            |
| Hourly      | COLA           | 08/30/2001         | \$5.12          | 07/01/2001            |
| Hourly      | COLA           | 07/12/2002         | \$5.35          | 07/01/2002            |
| Hourly      | COLA           | 07/13/2005         | \$5.68          | 07/01/2005            |



**Service Code: SR2****Creation Date:** 1/25/2001**Service School Vacation Extended Residential Support  
Level 2****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

**Description:**

School Vacation Extended Support services funding is used to provide extended residential support services, up to six hours per day, to school age individuals who reside in residential settings during the period of time that they are on school vacation and when public education programs are unavailable. The focus of the support is to provide assistance with acquisition, retention, or improvement of self direction, socialization and adaptive skills. These services are provided in accordance with the recipient's plan of care. The level of service is determined by the individual's ICAP Service score. This code is for individuals in need of ICAP level

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Hourly      | \$7.10          |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u> | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|---------------|--------------------|-----------------|-----------------------|
| Hourly      | Review        | 08/09/2001         | \$6.17          | 01/31/2001            |
| Hourly      | COLA          | 08/09/2001         | \$6.40          | 07/01/2001            |
| Hourly      | COLA          | 07/12/2002         | \$6.69          | 07/01/2002            |
| Hourly      | COLA          | 07/13/2005         | \$7.10          | 07/01/2005            |

**Service Code: SR3****Creation Date:** 1/25/2001**Service School Vacation Extended Residential Support  
Level 3****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

***Description:***

School Vacation Extended Support services funding is used to provide extended residential support services, up to six hours per day, to school age individuals who reside in residential settings during the period of time that they are on school vacation and when public education programs are unavailable. The focus of the support is to provide assistance with acquisition, retention, or improvement of self direction, socialization and adaptive skills. These services are provided in accordance with the recipient's plan of care. The level of service is determined by the individual's ICAP Service score. This code is for individuals in need of ICAP level

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Hourly      | \$10.81         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u> | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|---------------|--------------------|-----------------|-----------------------|
| Hourly      | Review        | 08/09/2001         | \$9.40          | 01/31/2001            |
| Hourly      | COLA          | 08/09/2001         | \$9.75          | 07/01/2001            |
| Hourly      | COLA          | 07/12/2002         | \$10.18         | 07/01/2002            |
| Hourly      | COLA          | 07/13/2005         | \$10.81         | 07/01/2005            |

**Service Code: SR4****Creation Date:** 1/25/2001**Service School Vacation Extended Residential Support  
Level 4****Obsolete Date:** 07/01/2001**Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

***Description:***

School Vacation Extended Support services funding is used to provide extended residential support services, up to six hours per day, to school age individuals who reside in residential settings during the period of time that they are on school vacation and when public education programs are unavailable. The focus of the support is to provide assistance with acquisition, retention, or improvement of self direction, socialization and adaptive skills. These services are provided in accordance with the recipient's plan of care. The level of service is determined by the individual's ICAP Service score. This code is for individuals in need of ICAP level 5 care and requires a 1:1 staffing ratio.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
|-------------|-------------|

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Hourly      | \$15.93         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u> | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|---------------|--------------------|-----------------|-----------------------|
| Hourly      | Review        | 08/09/2001         | \$13.85         | 01/31/2001            |
| Hourly      | COLA          | 08/09/2001         | \$14.36         | 07/01/2001            |
| Hourly      | COLA          | 07/12/2002         | \$15.00         | 07/01/2002            |
| Hourly      | COLA          | 07/13/2005         | \$15.93         | 07/01/2005            |

# SSA

**Service Code: SSA**

**Service Specialized Supports/Acupuncture Treatments**

**Creation Date: 1/25/2001**

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DSPD

***Description:***

Specialized Supports/Acupuncture Treatments serve the purpose of providing: a) treatment, training, consultation, or other unique services necessary to achieve stated outcomes that are not otherwise achievable through Medicaid State Plan services or other Waiver supports, or b) non-traditional approaches to care that are effective in achieving desired outcomes in a manner that is cost-effective and responsible to the person's cultural norms and desired treatment strategies. Specialized supports will not duplicate other supports and services available to the person, must be cost effective, and must have demonstrated effectiveness for the intended use.

Acupuncture Treatments are not available under the Medicaid State Plan optional service. Acupuncture Treatments would meet

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Session            | \$54.53            |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

## SSC

**Service Code: SSC**

**Service Specialized Supports/Chiropractic Therapy**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Specialized Supports/Chiropractic Therapy serves the purpose of providing: a) treatment, training, consultation, or other unique services necessary to achieve stated outcomes that are not otherwise achievable through Medicaid State Plan services or other Waiver supports, or b) non-traditional approaches to care that are effective in achieving desired outcomes in a manner that is cost-effective and responsible to the person's cultural norms and desired treatment strategies. Specialized supports will not duplicate other supports and services available to the person, must be cost effective, and must have demonstrated effectiveness for the intended use.

Chiropractic Therapy is of a nature, amount, duration or frequency beyond the available Medicaid State Plan optional services,

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Session            | \$31.46            |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

## SSD

**Service Code: SSD**

**Service Specialized Supports/Diet Management**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Specialized Supports/Diet Management serves the purpose of providing: a) treatment, training, consultation, or other unique services necessary to achieve stated outcomes that are not otherwise achievable through Medicaid State Plan services or other Waiver supports, or b) non-traditional approaches to care that are effective in achieving desired outcomes in a manner that is cost-effective and responsible to the person's cultural norms and desired treatment strategies. Specialized supports will not duplicate other supports and services available to the person, must be cost effective, and must have demonstrated effectiveness for the intended use.

Diet Management supports are not available under the Medicaid State Plan optional service. The amount and frequency of Diet Management supports will be based upon the individual's Individualized Support Plan. The individualized diet management program

***USSDS Rates as of 7/15/2005***

| <u><b>Unit</b></u> | <u><b>Rate</b></u> |
|--------------------|--------------------|
| Session            | \$36.70            |

***Service Eligibility***

| <u><b>Eligibility</b></u> | <u><b>Description</b></u> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

# SSM

**Service Code: SSM**

**Service Specialized Supports/Message Therapy**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Specialized Supports/Message Therapy serves the purpose of providing: a) treatment, training, consultation, or other unique services necessary to achieve stated outcomes that are not otherwise achievable through Medicaid State Plan services or other Waiver supports, or b) non-traditional approaches to care that are effective in achieving desired outcomes in a manner that is cost-effective and responsible to the person's cultural norms and desired treatment strategies. Specialized supports will not duplicate other supports and services available to the person, must be cost effective, and must have demonstrated effectiveness for the intended use.

Message Therapy is not available under the Medicaid State Plan optional service. Message Therapy must meet treatment

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Session            | \$52.42            |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code: SSS****Creation Date:** 1/25/2001**Service Specialized Supports/Communication Supports****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DSPD

***Description:***

Specialized Supports/Communication Supports services the purpose of providing: a) treatment, training, consultation, or other unique services necessary to achieve stated outcomes that are not otherwise achievable through Medicaid State Plan services or other Waiver supports, or b) non-traditional approaches to care that are effective in achieving desired outcomes in a manner that is cost-effective and responsible to the person's cultural norms and desired treatment strategies. Specialized supports will not duplicate other supports and services available to the person, must be cost effective, and must have demonstrated effectiveness for the intended use.

Communication Supports, is of a nature, amount, duration, or frequency beyond the available Medicaid State Plan optional services

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Session            | \$37.66            |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |



**Service Code: STC****Service Residential Start Up Costs****Contract Type:** No contract allowed for this service**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

**Description:**

To provide funds for activities that will be of time limited duration or for start up costs of new programs. Example of use of fund would be the rent for space at swimming pools for residential clients.

**USSDS Rates as of 7/15/2005**

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Session            | \$4,300.00         |
| Personal Need      | \$75.00            |

**BCM Maximum Allowable Rate (MAR)**

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Personal Need      | \$75.00                |

**BCM Rate Actions**

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Personal Need      | Review               | 09/19/2001                | \$75.00                | 09/01/2001                   |

**Service Eligibility**

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| BG                        | SPINAL CHORD GENERAL FUND |
| PG                        | NON-MEDICAID ASSISTANCE   |
| SG                        | SELF DETERM NON-MEDICAID  |

**Service Code****Client Assessment/Tx Plan**

N/A

**Contractor Qualifications**

Providers must be approved day, community living residential or residential providers and must obtain prior approval from the region.

Prior approval by the region director is required. Start-up costs are to be negotiated between the region and provider based upon the needs of the individual to establish a comfortable and functional living environment. Start-up funds are limited based upon region budgets. Individuals are encouraged to use their own funds, as much as possible, to purchase furniture and items

**Other****DOCUMENTATION REQUIREMENTS**

Division day, community living support contracts include a Start-up cost code (STC) which allows for reimbursement on an individual basis by means of a 295S billing form. Original sales slips or invoices must be attached to the billing form to verify

**Population Served**

Individuals placed in new living arrangements and/or new day support settings.

**Staff to Client Ratios**

***Name: Tx/Serv Requirement***

Eligible purchases may include: home furniture, major and small appliances, kitchen supplies, domestic, bathroom accessories, life safety purchases, remodeling to meet individual treatment needs, rent deposits, utility hook up charges, and therapeutic supplies (this is not an inclusive list; the Region Director may approve other items not listed).

Non eligible purchases include: general supplies less than \$5.00 with a useful life of less than one year, personal care items, provider business/office supplies, general program repair and yard and maintenance supplies.

***Staff Requirements***

N/A

**Service Code: TXI****Service Transportation Supports/Taxi****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DSPD

***Description:***

Transportation supports serve the purpose of allowing the person access to other supports necessary to live an inclusive community life. They are only provided as independent services when transportation is not otherwise available as an element of another service. The need for transportation must be documented as necessary to fulfill other identified support in the Individual Service Plan and the associated documents.

Transportation Supports/Taxi will pay up to \$1.60 per mile for the actual miles traveled.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Mile               | \$1.50             |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| SG                        | SELF DETERM NON-MEDICAID  |
| SM                        | SELF DETERM MEDICAID      |

**Service Code: UTA**

**Service Transportation Supports/Bus Pass**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DSPD

***Description:***

Transportation supports serve the purpose of allowing the person access to other supports necessary to live an inclusive community life. They are only provided as independent services when transportation is not otherwise available as an element of another service. The need for transportation must be documented as necessary to fulfill other identified support in the Individual Service Plan and the associated documents.

Transportation Supports/Bus Pass will pay for the actual Bus Pass costs up to the Adult Fare.

***USSDS Rates as of 7/15/2005***

| <u>Unit</u> | <u>Rate</u> |
|-------------|-------------|
| Month       | \$68.00     |

***BCM Maximum Allowable Rate (MAR)***

| <u>Unit</u> | <u>MAR Rate</u> |
|-------------|-----------------|
| Month       | \$69.00         |

***BCM Rate Actions***

| <u>Unit</u> | <u>Action</u>  | <u>Action Date</u> | <u>New Rate</u> | <u>Effective Date</u> |
|-------------|----------------|--------------------|-----------------|-----------------------|
| Month       | Initial Review | 03/27/2002         | \$40.00         | 01/01/2002            |
| Month       | Review         | 07/02/2003         | \$68.00         | 01/01/2003            |
| Month       | COLA           | 07/13/2005         | \$69.00         | 07/01/2005            |

***Service Eligibility***

| <u>Eligibility</u> | <u>Description</u>        |
|--------------------|---------------------------|
| BG                 | SPINAL CHORD GENERAL FUND |
| BM                 | SPINAL CHORD MEDICAID     |
| SG                 | SELF DETERM NON-MEDICAID  |
| SM                 | SELF DETERM MEDICAID      |

# WLG

**Service Code: WLG**

**Service Waiting List Grant**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 4/30/2001

**Obsolete Date:** 09/01/2002

**Agencies Using Code**

DSPD

**Description:**

Payments will be made to individuals with disabilities on the DSPD waiting list. Grants are made to provide services and supports to enhance the person's quality of life and assisting the family in maintaining the individual in the family home. Waiting List payments will be one time payments.

***USSDS Rates as of 7/15/2005***

| <b><u>Unit</u></b> | <b><u>Rate</u></b> |
|--------------------|--------------------|
| Personal Need      | \$1,999.99         |

***BCM Maximum Allowable Rate (MAR)***

| <b><u>Unit</u></b> | <b><u>MAR Rate</u></b> |
|--------------------|------------------------|
| Personal Need      | \$1,999.99             |

***BCM Rate Actions***

| <b><u>Unit</u></b> | <b><u>Action</u></b> | <b><u>Action Date</u></b> | <b><u>New Rate</u></b> | <b><u>Effective Date</u></b> |
|--------------------|----------------------|---------------------------|------------------------|------------------------------|
| Personal Need      | Review               | 05/10/2001                | \$1,999.99             | 04/05/2001                   |

***Service Eligibility***

| <b><u>Eligibility</u></b> | <b><u>Description</u></b> |
|---------------------------|---------------------------|
| MR                        | MR/DD                     |
| SG                        | SELF DETERM NON-MEDICAID  |